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COURSE OF LECTURES

ON

DISEASES OF THE SKIN;

THEIR

HISTORY, PATHOLOGY, AND TREATMENT.

Delivered in the Middlesex Hospital, during the Summer Session, 1842,

BY

ERASMUS WILSON, Esq.,

Consulting Surgeon to the St. Pancras Infirmary; Lecturer on Anatomy and Physiology in the Middlesex Hospital Medical School.

Lecture III.

Gentlemen,—In my last lecture I completed the demonstration of the two first divisions of my natural system of classification; namely, the Diseases of the Dermis, and the Diseases of the Sudoriparous Glands. To-day, I propose to continue my demonstration by explaining the two remaining divisions, and enumerating the diseases embraced by them.

III.—Diseases of the Sebaceous Glands.

Like other glandular organs, diseases of the sebaceous apparatus are announced by disturbance of their functions. Indeed, from their minuteness of size and the depth of position below the surface which they occupy, alteration of function is in many cases the only guide we possess by which to distinguish disorder of the sebaceous glands. From a careful review of the various abnormal appearances referrible to these organs, I have arranged their diseases into five groups, as follows:—

Augmentation of secretion.
Diminution of secretion.
Alteration of secretion.
Retention of secretion.
Inflammation of the glands and adjacent tissues.

Augmentation of Secretion, represents a well-marked alteration, in which the surface is bedewed by a moist and abundant stratum, giving a greasy appearance to the skin. This state of the sebaceous secretion is so obvious, and often so disagreeable to the subject of it, as to have drawn the attention of several dermatologists. I have termed it, in imitation of other excessive discharges, *stearrhœa*.

Diminution of Secretion, I have seen illustrated on several occasions, the affection occurring both alone and in association with other cutaneous disorders. The skin feels dry and withered, and the epidermis parched and rough.

Alteration of Secretion, I mean to imply a physical and chemical change in the sebaceous matter, this change being accompanied either by excess or by diminution of secretion. In this state of the secretion the sebaceous substance concretes and desiccates on the skin, forming a layer of variable thickness, moderately firmly adherent to the epidermis, and broken into small polygonal masses corresponding with the spaces between the furrows of the dermis. I have seen two well-marked instances of this disorder affecting the general surface of the body, and several, the cheeks and nose. From its peculiar appearance, and from the liability we are under of mistaking this change in the sebaceous secretion for ichthyosis, a mistake which I have seen committed, I have termed it *ichthyosis sebacea*. A remarkable case of ichthyosis sebacea is described by Dr. Jacobovics in a treatise on Molluscum, under the strange designation of "tubercula variegata."

Retention of Secretion relates to the most obvious character of another and somewhat extensive group of disorders of the sebaceous glands. Conjoined with retention, the three preceding conditions may be present to a greater or less degree, and particularly the latter, but these are not conspicuous; the predominant character is retention of the sebaceous matter, frequently combined with inspissation. Taking a general survey of the affections coming under this designation, I find them to admit of arrangement into two groups; in one of which the aperture of the

sebaceous follicle remains open, and the contents have a consequent communication with the exterior; while in the other, the aperture of the duct is closed, and the natural communication with the exterior obliterated. The first group, or that characterised by the *duct remaining open*, includes those little collections of sebaceous substance, with dark-coloured peripheral extremities, termed *comedones*, or grubs; *sebaceous accumulations*, that is, collections of the same nature with the preceding, but of greater amount; and *small sebaceous tumours*, which are identical with the molluscum contagiosum of Bateman, and succeeding dermatologists.

In the second group, or that which is characterised by the *closed state of the duct*, all trace of the excretory opening of the follicle is completely obliterated, and the sebaceous collections form prominences on the skin of various dimensions. In one of these occurring on the face, and usually in the thin skin around the eyelids, the sebaceous matter forms little whitish elevations of about the dimensions of a millet-seed. This form of sebaceous accumulation is, I think, well expressed in the term *sebaceous miliary tubercles*. In another kind also of small size, the sebaceous contents are mingled with calcareous matter, constituting *calcareous miliary tubercles*. In a third form, the contents of the dilated follicles are fluid, and give rise to the formation of *serous cysts*; these I have only seen on the eyelids. In a fourth kind, the cyst formed by the dilated follicle attains a size of greater magnitude than any of the preceding, and is consequently entitled to the designation *encysted tumours*. The contents of these tumours are altered sebaceous substance, but the alteration is in some instances so considerable, as to leave no trace of resemblance with the natural secretion.

Inflammation of the Sebaceous Glands and adjacent Tissues is illustrated in two diseases, *acne* and *sycosis*. By adjacent tissues is meant in this designation those textures situated immediately around the gland, and especially the follicle of the hair into which the sebaceous duct opens. The researches of Dr. Gruby, of Vienna, would furthermore tend to the belief that in sycosis the hair itself is diseased. A variety of this disease has long been suspected of being contagious. Dr. Gruby examining the hair in this variety, discovered around it and in its root a cryptogamic plant, which he calls mentagrophyte, from the old designation of the disorder, mentagra. The existence of this vegetable growth he considers to be decisive of the contagious nature of the disease; the medium of communication being the sporules, which are produced in great abundance upon the ramifications of the plant. This opinion, and the precise seats of the disease, may be considered as still *sub judice*.

IV. — Diseases of the Hair and Hair-Follicles.

These organs present a very considerable variety of abnormal and morbid changes, some of these alterations being referrible to the hairs alone, and others to the follicles in which they are contained. The numerous irregularities and disorders of those organs admit of arrangement into six groups, namely:—

Augmented formation of hair.
Diminished formation of hair.
Alteration of colour of hair.
Diseases of the hair-pulps.
Diseases of the hair-follicles.
Abnormal direction of hair.

Augmented formation of hair is usually a congenital peculiarity; the augmentation may relate to length, quantity, or situation; the production of hair in abnormal situations of small extent constitutes *pilous nævi*.

Diminished formation of hair is illustrated in *alopecia* and *calvities*; the former being either partial or general, and presenting those remarkable modifications termed area, tyria, ophiasis, porrigo decalvans, &c. Calvities is the baldness of age.

Alteration of Colour is a phenomenon not less remarkable than the preceding changes occurring in the hair. Many singular cases are recorded of a change in the colour of the hair, from light to dark, and *vice versâ*, taking place during illness. Others of the fall of hair being succeeded by a crop of a totally different colour. But the most frequent alteration is blanching of the hair or *canities*. Canities may be local or general, it may also be partial or complete.

Disease of the Hair-pulps.—The only disease with which I am acquainted, properly coming under this designation, is the endemic disease of Poland and Russia, the *plica Polonica*. In this disease the hair is enlarged, it is charged with serous and sanguineous fluid, and appears as though it were converted into flesh, bleeding or oozing its fluids on division, and exhibiting an extreme degree of sensitiveness to the touch. Should the observations of Dr. Gruby relatively to the pathology of sycosis be proved to be correct, the sycosis contagiosum must be admitted into this group.

Disease of the Hair-follicles.—The follicles of the hair are liable to simple inflammation, *inflammatio folliculorum*; they are the seat also of a specific disorder, termed, from the honeycomb-shape of its crusts, *favus*. The inflammatio folliculorum is a very slight affection of the chronic kind; a modification of this disorder giving rise to occlusion of the hairs, or morbus pilaris.

I.—DISEASES OF THE DERMIS.

- **Inflammation**
  - Congestive
    - Specific: Rubeola. Scarlatina. Variola. Varicella. Vaccinia.
    - Non-specific: Erysipelas. Urticaria. Roseola. Erythema.
  - Effusive
    - Asthenic: Pemphigus. Rupia.
    - Sthenic: Herpes. Eczema. Sudamina.
  - Suppurative: Impetigo. Ecthyma.
  - Depositive: Strophulus. Lichen. Prurigo.
  - Squamous: Lepra. Psoriasis. Pityriasis.
  - From Parasitic Animalcules: Scabies.
- **Hypertrophy of the Papillæ**: Ichthyosis. Tylosis. Clavus. Verrucæ. Cornua.
- **Disorders of the Vascular Tissue**: Vascular Nævi. Purpura.
- **Disordered Sensibility**: Hyperesthesia. Pruritus.
- **Disordered Chromatogenous Function**
  - Augmentation of pigment: Nigrities. Pigmentary Nævi.
  - Diminution of pigment: Albinismus. Vitiligo.
  - Alteration of pigment: Ephelis. Lentigo. Chloasma. Melasma.
  - Chemical Coloration: Oxide of Silver Stain.

II.—DISEASES OF THE SUDORIPAROUS GLANDS.

- Augmentation of Secretion ..... Sudatoria.
- Diminution of Secretion.
- Alteration of Secretion ..... Abnormal Odour, Colour, &c.

III.—DISEASES OF THE SEBACEOUS GLANDS.

- Augmentation of Secretion ..... Stearrhœa.
- Diminution of Secretion.
- Alteration of Secretion ..... Ichthyosis Sebacea.
- Retention of Secretion .....
  - Duct Open .... Comedones. / Sebaceous Accumulations. / Small Sebaceous Tumours (*Molluscum Contagiosum*).
  - Duct Closed .. Sebaceous Miliary Tubercles. / Calcareous Miliary Tubercles. / Serous Cysts. / Encysted Tumours.
- Inflammation of Glands and adjacent Textures ..... Acne. / Sycosis.

IV.—DISEASES OF THE HAIRS AND HAIR-FOLLICLES.

- Augmented Formation ..... Pilous Nævi.
- Diminished Formation ..... Alopecia. / Calvities.
- Alteration of Colour ..... Canities.
- Disease of the Hair-pulps ..... Plica Polonica.
- Disease of the Follicles ..... Inflammatio Folliculorum. / Favus.
- Abnormal Direction ..... Trichiasis. / Felting.

Favus, according to the researches of Remak, Shoenlein, and Dr. Gruby, is a vegetable growth originating within the hair-follicles, and thence escaping on the surface of the skin, and forming a cup-shaped crust. This vegetable production consists of innumerable minute cryptogamic plants, belonging to the genus Mycodermis; the plants produce an abundance of sporules, and these conveyed to the skin of a sound person, either by contact or by means of the atmosphere, constitute the medium of contagion of the disease. Dr. Gruby has ascertained that there are several diseases which, like favus, depend upon the development of a vegetable growth, and he proposes that they should be assembled together under the designation *nosophyta*; the diseases themselves being distinguished by appellations which indicate their vegetable origin. Thus, he suggests for favus, the term *porrigophyte*; for sycosis contagiosum, as I have already remarked, *mentagrophyte*; and for an aphthous disorder of a similar nature, *apthophyte*. For further information on the mycodermis, I may refer you for a good description and some excellent figures to a paper by Dr. Bennett, published in the "Transactions of the Royal Society of Edinburgh." The opinions of Dr. Gruby are not conclusive with regard to the pathology of the disease.

Abnormal direction of the hair is evinced in *trichiasis*, and in that change sometimes met with, particularly in the long hair of women, denominated *felting*.

Such, then, Gentlemen, is the classification of Diseases of the Skin which I propose for your consideration, and for that of the profession; and this I intend to follow in the course of lectures which I am about to deliver in this school. I may refer you for a *coup d'œil* of the system to these tables, which will serve as a chart to guide you in the course which I shall pursue.

After treating of the diseases here set down in their respective order, I shall conclude the course with a description of the appearances assumed by the syphilitic disease as it occurs upon the skin. The method which I shall pursue in respect of each disease will be, 1, to give a brief definition of the affection; 2, to trace its symptoms and course; 3, to establish its identity, by reviewing the data upon which its diagnosis is founded; 4, to inquire into its causes; 5, to reason upon its prognosis; 6, and lastly, to lay down the principles of treatment, and the various modes to be adopted with the view of effecting a cure.

ON THE

FREQUENCY OF PULMONARY DISEASES IN ENGLAND,

AND THEIR

RARITY IN RUSSIA;

THE

CAUSES IN EACH COUNTRY,

AND THE MEANS OF THEIR

MITIGATION AND PREVENTION IN ENGLAND.

By Sir GEORGE LEFEVRE, M.D., Fellow of the Royal College of Physicians of London, and late Physician to the British Embassy at the Court of St. Petersburg.

SEVERAL species of consumption have been recognised by pathologists. A certain number of these are hereditary, others are acquired; of which latter some may be attributed to accident, some to negligence. The hereditary is the most frequent, the most inveterate, and the least curable; but it may, with its less frequent colleagues, be often awarded, and often mitigated, by means that are preventive of aggravation.

With respect to the medical treatment of all the species I have nothing to offer; and I wish, only, by a few general hints, to suggest such means as may diminish the exciting causes of this desolating malady throughout the British isles. The whole subject of the attempt will be included under the heads of CHAMBER WARMTH and PROTECTING RAIMENT. The hygeian means, as regards regulation of diet, and attention to the state of the digestive organs, have been too frequently commented upon to require farther notice. Let us hope that the experience derived through the accident of location in a northern latitude, may serve to impress upon the British public the advantages that are derivable from the precautionary measures which may be employed against cold, and its various modes of producing bronchial disease. During a short sojourn in England, only two years ago, I was startled at the frequency of this complaint. In country practice I found that the proportion was nearly as great there as in large towns, and on going the rounds with an old fellow-student with whom I spent a few days in Bedfordshire, I found that about every fifth case of disease was a consumptive one, either tuberculous, apostematous, or mucous. Here an interesting girl of eighteen; there a patient with an abundant expectoration from abscesses; and a third with lungs worn out by coughing, from neglected colds. The term *rhume negligé* is most common in France.

A late writer on the treatment of phthisis congratulates his patients upon the accession of catarrhs, as becoming the cause of a curative, or suspending, process. Of this I have known instances. The idea is not new, but those patients who need not such a species of cure are more worthy of congratulation. I wave all suggestions as to the methods of curing these complaints e xcepting that of preventing them, which is said to be the Hibernian method.

The late Dr. Young, in his philosophical work upon Consumption, has stated its duration to vary from six weeks to forty years. There is no exaggeration in this statement. Let us only inquire what has prolonged the disease thus almost indefinitely, I answer, WARMTH.

Lucus a non lucendo—icing the poles—I preach *warmth* to the inhabitants of the *temperate* zones. A few well-known facts put the sanatory operation of warmth beyond doubt. It has been observed, that consumptive patients, confined even to their beds, and in an equable temperature, will detect, by their feelings, any variation in the thermometric scale, such as could not be recognised by a healthy person, living in the same room, or perhaps sleeping in the same bed. Its effects are an increase of cough, and of the difficulty of breathing.

Again; although many may find their graves abroad, who leave home for the restoration of their health, yet many do recover if they migrate in time, and reach Madeira or the West Indies. They either allow the disease by such means to be arrested at once, or a small portion of the lungs only being lost, enough remains for the purposes of life. To what is this change to be attributed? To the removal of those exciting causes which, under other circumstances, would have kept up the irritation, viz., cold air, and cold currents.

The public have of late acquired some new and very consolatory ideas as to the nature of consumption. When attacked by this disease they no longer despair, as formerly. They have hopes of permanent cure. If this fail, they know that their lives may be prolonged to an indefinite period, for they are now aware that the flame may be kept up by half a lung, or by two lobes out of three, or three out of five, and then they may catch a very severe cold, which will cure them radically.* I do not deny the truth of all these positions. I would do everything to encourage the gasping patient in his belief of a cure, and I would admonish him, as I would the hitherto unattacked, but predisposed, individual, to *beware of cold*, and to *cherish warmth*. An inflammation supervening in form of catarrh, may, by its adhesive processes, form a barrier between the sound and the diseased parts of the lungs, preventing, thus, the contamination of the former, and we have to thank Laennec for the discovery of that fact. But would any practical man wantonly expose a tubercu-

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* Dr. Ramadge on Consumption.

lated lung, or an irritated mucous membrane, to atmospheric cold, with the hope of finding the operation remedial? Certainly not. I speak of practice. I confess my minimum thereof in this disease. I have met with cases of patients spitting blood and matter, who, by shutting themselves up in one room, as soon as the equinoctial gales began to blow, and remaining willing prisoners until the month of May, avoided all exciting causes, and so protracted their existence for years. I have sent equivocal cases to warm climates, where they have existed, in comparative comfort, for years. And who has not met with such occurrences in his practice? What ghost need tell us of the consequence? But something more than a ghost is necessary to impress upon people's minds that exposure to drafts, negligence in clothing, and want of *thermal comfort* in chambers, do engender catarrhs, and that these tend to ripen dormant tubercles, to wear out mucous membranes, and to lay the foundation of many diseases of which flesh is made an heir.

Seeing, therefore, what the causes are which engender and hasten the progress of phthisis, seeing that that disease is, in a certain degree, to be palliated, and perhaps even cured, it becomes necessary to seek for those artificial means which may be under our control.

The basis of all these is *warmth*. The means of procuring it sometimes are difficult, but in many cases practicable. The great desideratum, then, is to avoid the exciting causes, and where those cannot be averted, to mitigate them, as much as possible.

It is proved by the bills of mortality that one-fifth of the population dies of consumption in the British isles, whereas the deaths in northern latitudes are infinitely fewer, in proportion, from that disease.

Whence this anomaly, that cold,—being, as we believe it to be, the great exciting cause of such maladies,—should have so little influence upon human life where it prevails in so great a degree. The secret is to be found in the fact that cold, in the northern realms, spends its fury upon vegetable life and inanimate matter, so that only certain species of plants can resist its influence.

That animal life would as soon perish is equally evident, but animal life is not exposed to it. The bear, covered by his non-conducting and impenetrable fur, covers himself up under warm leaves, the hare buries himself in the snow, the wolf finds holes, and the foxes procure dens; and domestic animals, and those which are necessary to man, are provided with warm stables. The *human species* is protected by the clothing which once protected the animal from the same influence. It is not correct to suppose that the Laplander and the Samoide are impervious to cold, or become accustomed to it. That is an error. They are more susceptible of cold than the inhabitants of more temperate zones; but they do not expose themselves to it. This circumstance surprises strangers during their first winter's residence in Russia. They are astonished to find the natives enveloping themselves in warm clothing at the commencement of autumn, when their own moderately warm dress proves quite sufficient for *them*. What astonished them at the commencement, ceases to do so in time. As they sojourn longer in the climate they feel the cold less,—inasmuch, only, as they are better provided against it. They do not get accustomed to the *cold*, but to the *customs of the natives*, who never brave it but by dire necessity. It was not absolute cold which destroyed the French army. It was retreat, discomfiture, hunger, fatigue, discouragement, and total absence of every comfort. The soldiers of Gustavus Adolphus resisted the winter's cold in the thirty years' war, because they were warmly clad, and were victorious. The soldiers of Napoleon ultimately perished from the cold itself, and hunger, because they were unprovided against those causes of fatality, and they had not the resisting stimulus of victory to guarantee them against the effects of physical wants. Let the soldier rob the sheep of his skin, fashion it into a pelisse, let him take as much from the bear as will make him a cap, to cover his head and ears, and the back of his neck, put double soles to his long boots, and line them with fur, and he will never perish from cold alone, between the Neva and the Niemen; for, having done all this, he has accomplished no more than does every peasant who resists the cold—from no constitutional animal power, but from artificial protection against its influence. So armed, he may bivouack, night after night, with impunity, provided that he have sufficient means of sustenance, and labours not under the influence of depressing moral causes.

Such is the peasant's external condition. Follow him into his dwelling, and see how that is constructed.

A log hut, made of entire trees, the corners dovetailed into each other, the spaces between the balks filled up with moss, or oakum (calked), no breath of air can penetrate the room, for its boundaries present no crevices. His door shuts close, his window frames are double, two feet by three, the glass, or oiled paper, fixed in. In the corner of his room is a stove, whose chimney finds exit through the roof, no wide open space to allow of heat to ascend, and cause a continual draft of air. His hut is insupportable to those who are unaccustomed to such indoor temperature. The flies, congregated in some corner, hang down like a swarm of bees, happy and buzzing, in *the winter season*. He himself lies prostrate on his stove, which serves him for a bedstead. This man is a rare subject for consumption. Still, I

repeat, it is not the man who resists the cold. It is the man's clothing, it is the provision he makes against the cold. Herein lies the proof:—Remove him from this sphere of life, put him into livery, let him remain for hours behind a carriage in the winter season; let him imprudently traverse the court yards without his hat, and with no clothing beyond what he wears in the warm halls, and then what awaits him? Pleurisy, dropsy, slow death.

Ascending higher in the scale, how does the man in easy circumstances sustain the cold? By opposing to it its fell antagonist, *warmth*,—not himself; he knows better. You enter his chamber. "How warm your rooms are, Ivan Ivanowitch." "Slava Boga Yospadin"—*Heat breaks no bones.** You dare not, as in England, enter his parlour with a great coat upon your back. That would be a woful offence,—a reflection upon him,—as much as to say, "You have economised your fuel; you have not heated your stoves." Such conduct would be an absolute misdemeanor. On quitting his rooms, he does not leave warmth behind him. He conveys it about with him, close confined, in a fur pelisse, whose non-conducting qualities will neither suffer animal heat to escape from within, nor cold to penetrate from without. These precautions are not regulated by whim or pleasure. They are peremptory. He watches the mercury in the thermometer, and he has clothing which defies every degree of cold.

But take the English resident, that the contrast between his habits in Russia and in England may be more complete. How does he clothe himself—a great coat, such as is worn in England, serves as a walking accompaniment in the autumn. This is soon changed for a warmer P jacket, which, in damp cold weather, is preferable to furs. As the cold increases, and the atmosphere is dry, he changes this jacket for a great coat lined with sable, as a walking dress; and, lastly, for severe cold, and when obliged to move in a sledge, an immense wrapper, lined with fur, envelops the whole body. His feet are always shod in clogs, and a wadded cap covers head and ears. Thus armed, *cap-a-pied*, no cold can injure him. It is not a matter of choice, but necessity. It is not optional, whether he put on this warm clothing; it is imperative. The consequences of omitting to do so are not conjectural, but positive. Turn to his dwelling; review it in detail:—Double doors protect the ante-room from the cold air of the staircase. Upon entering, a sensation of hot-house heat is experienced, for this room is kept warmer than the other chambers. Once in the interior of the house, no perceptible difference is to be found in any of the rooms. Caloric has diffused itself equably through all of them. Whether it be in the dining, or in the drawing-room, or in the bed chamber, or on the staircase by which you reach it (when not upon the same flat), you move in the same equable temperature. Double windows, fitted close into immensely thick walls, exclude the external air. The rooms are warmed by stoves, which are so constructed as to waste none of their caloric with the smoke, which makes its exit through a narrow chimney opening. Some innovations have lately taken place in this particular: English grates have been substituted for stoves in the parlours of many houses, which they warm sufficiently, and have the peculiar advantage over stoves, that the air of the chamber is more fresh and pure. But then these are *inner* rooms, and those which surround them,—the halls, the corridors, the staircases,—are heated by stoves. The bed-room offers this striking contrast to the English dormitory, that it is warmer in winter than in summer. Not chilled with cold, stripping off his clothes with all possible speed, does the inhabitant of St. Petersburg jump into his bed and bury himself under an enormous weight of blankets, to get out of the cold stage. He undresses himself leisurely, and is warm enough under a common quilt and a single blanket. He does not dread that most awful of all moments when he must leave a warm bed, with his teeth chattering in his head as he emerges into a frost-chilled room from out his close-drawn curtains. No warming-pan, lackered and shining, is seen suspended near his kitchen fire-place. He is not troubled with a species of barking, which may be denominated the *bed-room cough*, characteristic of an English house, so audible when the transit is made from the face-scorching fire-place to the cold, freezing, dormitory. In each room of a Russian house is placed a thermometer, by which the heat is regulated. If it be oppressive, a ventilator soon reduces the temperature. If the apartment be too cold, more fuel is thrust into the stove. These, then, are the means employed by the natives against the cold of their climate, and they are sufficiently efficacious to prevent its pernicious effects, and such are, I believe, the real causes of their escaping the many pectoral complaints which are prevalent in more temperate zones.

If it be inquired whether the climate in itself be not a sufficient guarantee, owing to the steadiness of its temperature, it may be answered that no city in Europe is more subject to variations of temperature than St. Petersburg. Situated in a morass, and exposed to sea and land breezes, sheltered by no surrounding hills, it is subjected to continual currents of air; and such is the variation in its temperature, that the thermometer will sometimes fall twenty degrees in as many hours. The man who makes excur-

* "Thank God, heat breaks no bones."—*A Russian proverb.*

sions in the neighbourhood may leave the city in the morning, wrapped up in warm furs, and enter it again at night, dripping with rain; and *vice versâ:* and I should say that were it not for the provision made against cold in every shape, the climate of St. Petersburg would be the last which I should select for a phthisical patient.

It is to *warmth*, then, that I attribute the comparative exemption from these complaints in northern latitudes; and having stated the advantages, negative as they may be, which are due to it, I shall mention some of the *inconveniences* which are the positive effects of it.

The most obnoxious evil which a house warmed upon the Russian system offers to a stranger, upon his first arrival, is the want of fresh air in the apartments. There is universally a close, heavy, and, sometimes, a sickly smell prevalent in Russian houses, not to be disguised by the burning of spices. There is not that fresh, healthy, bracing feel in a room, whose windows are hardly opened once in a week, which is characteristic of an English parlour at breakfast time, the doors and windows of which have been wide open during the whole of the time employed in dusting the chairs and lighting the fire. This is true; but, on the other hand, the lady of the Russian house does not put her fingers into the warm water of the slop-basin to restore the circulation. Which is preferable? A robust, healthy person will decide for the latter; a consumptive one, exhausted by a fit of coughing, occasioned by the transit from the bed-room to the parlour, will prefer the former; and to such individuals are these observations alone addressed. Still, in candour, I must place *impurity of air* among the most potent inconveniences of equable chamber temperature. Those who are unaccustomed to it are, at the outset, much annoyed by a depressing influence which it has upon the nervous system. They lose a certain feeling of buoyancy, and a degree of inertia is engendered, an inaptitude to exertion and to mental occupation, and an irresistible desire to sleep, as soon as they are seated in a warm room, after having been exposed for any length of time to the cold air. This is often accompanied by some uneasy sensations about the head; the appetite is impaired; the functions are not performed, as they should be; and, last not least, there ensues a total want of sleep.

Such are the inconveniences which many experience upon their first arrival; and the question, in reality, should be, not "How do you stand the cold," but, "How do you bear the heat?" Headachs are frequent, obstinate. Dyspepsia is not uncommon, and the stranger expresses himself as being "altogether out of sorts;" but this wears off in time, and, by adopting such a plan as I shall mention hereafter, he may in a great measure counteract these effects, whilst he is certain to avoid any ill consequences from frigorific influence.

A positive ill, and one to which almost all the natives are subject, is found in hæmorrhoidal affections. This, in a great measure, may be avoided by proper means, for many strangers who pursue the same modes of life as they do in more temperate regions, are, in a great measure, exempt from them. The Russians are, during the winter months, an inactive race, and what exercise they do take is of a passive kind, so that the circulation is not propelled by bodily motion. When within doors, the merchant reclines upon a leathern sofa, wrapped up in a warm morning gown. When exposed to external air he is enveloped in a heavy fur mantle, which protects him from cold, but allows of no vigorous motion of body. Hence he remains stationary, stamping his feet upon the ground, before his shop-door, or in his warehouse; and if he be obliged to move to any distance, he gets into a sledge, and drives passively along. These sedentary habits are the chief cause of the hæmorrhoidal affections to which the natives are subject. This, then, is another of the disadvantages which arise from the effects of such warm rooms upon the system. Many of them may be counteracted, and, by adopting Russian prudence, as regards the pernicious influence of cold, all the salutary habits of English life may be indulged in, not without benefit, and with no risk.

I am not offering these hints to the strong and robust,—to those who can brave all things, and who ridicule care and caution; I am addressing those whose lives daily depend upon these two requisites, and whose existence is often abridged by neglect of them. I am endeavouring to impress upon those who are already affected, or predisposed to diseases of the respiratory organs, that the inhabitants of northern latitudes are in a great measure free from such complaints, not because that, living under the poles, they are inured to cold and ice, but because they have found out, and never neglect, the means of protecting themselves from their pernicious consequences. The cure or prevention of such ills may be said to be a species of commutation of one evil for another. It remains to accept or reject it,—to put up with a few of the inconveniences which have been specified, as attendant upon warmth, or to risk certain destruction of life. Will the patient who sees it in this light hesitate upon the choice?

Having, therefore, stated that consumption is comparatively rare in the bills of mortality in St. Petersburg, whereas it forms almost a fifth in those of London; and having shown the difference of the warmth in the interiors of the two capitals, it may not be unprofitable to the British public to extend this exposition to an inquiry into the relative differences of the two climates, for that of St.

Petersburg not only offers no advantages over that of London; but it would, under the same circumstances of human existence in each country, be more objectionable to consumptive people than the former. The inhabitants of cold latitudes are not impervious to cold; they do not brave it with impunity, it is fatal to animal existence, and produces exhaustion of the vital powers. Strangers, arriving from temperate regions, do not get accustomed, or inured, to the cold: nay, the longer they remain in the northern latitudes, the more sensitive they become to its influence. They resist it better on their arrival than subsequently, because they bring health, vigour, and a stock of caloric with them. They become finally reconciled, not to the cold, or the climate, but to the habits of the natives. They become, like the natives themselves, sensitive, chilly, very susceptible of cold, and they adopt all those measures which experience has proved to be necessary for providing against it. Hence, after sojourning in northern, and returning to southern, latitudes, they feel the cold most bitterly in winter: they find that, although they have quitted a cold climate, they have left warm houses also. The following may be taken, as a model of a letter from an Englishman, who has spent a winter in his own country, to his friends at St. Petersburg, in which city he had resided for some years:—

"I have been confined to my room by an obstinate cough, an inconvenience to which I was always subject in the winter season when I resided in England, but which I escaped during the whole time of my residence in St. Petersburg. I had no idea that I should suffer so much from the cold. Yet it is not from external cold, for I took the precaution of bringing my Russian furs with me. This was quite unnecessary; for after all the trouble which I had with them, I find that I cannot wear them here. I do not understand the reason of this apparent anomaly, for I have a thermometer in my window, and find that the same degree of cold here is much more supportable than in St. Petersburg. I should not have dared to venture out without a pelisse in Russia, where I find a P jacket quite sufficient here to keep me warm. It is certain that eight degrees of Reaumur in London are more supportable than two degrees in the Imperial city. It is, however, of the in-door cold that I have to complain so bitterly, for in-door warmth is a phenomenon only to be found in such houses as are provided with stoves in the ante-room, and double windows, of which comforts, alas, I have had no experience since I left Russia.

"I am afraid that you will hardly be able to read this scrawl, for I am writing to you in my bed-room, which is of about the same temperature as your ice-cellars. The water is literally frozen in the jug, and I cannot see out of my windows, which are like ground glass; and I amuse myself when in bed, where, by means of three blankets and a thick quilt, I keep myself moderately warm, with trying to recognise the different species of plants drawn by Jack frost upon the window-panes. Indeed, I am unfortunate in my dormitory, for, being Christmas time, and the house full of guests, I am lodged in one of the coldest rooms of the house. It is enough to try one's temper to hear, as I do, when I complain of cold, that 'It is not so cold as in Russia'—that 'Surely I ought to bear the cold better here than those who have never been exposed to severe cold'—that 'People do not die of cold in the streets, that their beards are not frozen, that they do not lose their noses by frost, as in Russia;' and then I am told, sarcastically, that I am 'no Russian,' for I 'cannot bear the cold.' When I come down to breakfast, with blue hands and swollen fingers, I am offered the slop-basin to dip them in. I limp as I walk, 'You have chilblains, I suppose; they are common winter guests; how dreadfully you must suffer from them in Russia.' Yet I never heard of them, or certainly never suffered from them, during ten years that I sojourned there. 'What, no chilblains in Russia, where people lose their fingers and toes by cold, as we are informed upon the best authority?' It is useless to say anything to the contrary, they will not believe me. Baron Munchausen would meet with more credit were he to assert again that the cold was so great in Russia that the sounds froze in his trumpet.

"What are most annoying to me are, the constant drafts which prevail in English houses. Every gust of wind makes the casements rattle; and if the rain pelts against the windows, it penetrates through the sashes, and runs down upon the window-seat. The sashes being constructed to let up and down, by lead pulleys, it is impossible that they should fit close. I wish that Corporal Trim had robbed them all of their leads, when he wanted bullets to carry on the siege of Dendermont.

"The drafts from the windows are dreadful. Thus you hear of cricks in the neck from sitting upon the window-seat. It is not from above, alone, that these drafts prevail, although constant puffs of smoke do unceremoniously make their *entrée*. The legs and feet are also exposed to a cold-air-bath from drafts which come under the doors, and which make the carpet, if it be not fastened by nails, dance up and down. The drawing-rooms are somewhat more comfortable; but then, when a party breaks up for the night, it is cruel to mount two pair of stairs to get to a miserably cold bed-room. The gusts of wind in ascending the stairs are sufficient to blow out the candle. Then, if there be no warming-pan, the dread of the cold ague fit which awaits you between clean fresh-

mangled sheets, is ever before your thoughts at night. When once warm in bed, I cannot imagine how it is that human nature can muster up courage enough to leave it, considering what awaits it upon doing so, when you hear the rap at the chamber door, in the morning, 'Your shaving water, sir,' and you must get out of bed to take it from the intruding hand. How is it that in spite of all this I see so many rosy faces, such colour, such health? It is all attributable to 'fresh air and cold water,' I am informed.

"But then, poor Amelia; where is she? Since the commencement of the cold weather her cough has much increased, and I fear that she will share the fate of her sister and younger brother. She feels every change of temperature, and can indicate almost the degree of cold by the effect it has upon her lungs. I shall persuade her friends to try a winter in St. Petersburg, and the effects of Russian warm rooms. If my cough does not get better soon, I shall myself return, for I cannot stand the cold of this climate."

I need only mention the invention of the respirator, to prove that the attention of the public has been of late directed to the prejudicial influence of cold air upon delicate lungs and the organs of voice. This shield has met with protection and recommendation from the scientific members of the profession, and that it may be used even within doors advantageously, is, I think, admissible. A delicate female, labouring under cough, which is aggravated by every external impression of cold, should not make her transit from the fire-side through a cold, damp hall, and ascend a flight of cold stairs, without its accompaniment.

Various essays have already appeared in England from the pens of able physiologists regarding the advantages of warm clothing, and the danger of negligence in that respect. I have, therefore, little to add to what has before been said on the subject. I do not presume to put myself on the list with those who have devoted much time and labour to this subject, upon which I venture to touch in a general way only, but a sojourner in a foreign land, I may be allowed to add my mite of approbation to the utility of such works as have been published by Drs. Paris and Combe, and to state that the necessity of such precautions as they recommend has a host of evidence in its favour, and this evidence I am bound to give, because I have proofs of it in all that I see around me. I do believe that an immense quantity of catarrh and affections of the bronchiæ, nay, of genuine consumption, are avoided in the northern latitudes by the attention paid to warm clothing without, and to equable temperature within. In fourteen years' practice in those regions, I have found pulmonary affections to form the minimum of my list of diseases. I am persuaded that in my own case it has been the specific which I sought for, in vain, during twenty years of my life, in which I suffered from continued harassing coughs, and their debilitating consequences. The admonition of my friends, when I quitted warmer climates for these regions, "ne frigora ladant," have proved superfluous.

With such impressions, I venture to urge those who labour under similar affections to use those precautions which may guarantee them against many of the distressing symptoms that neglect engenders.

These observations are addressed to two classes, and comprised under two heads. To the affluent, and to those in moderately easy circumstances, a stricter attention to clothing and to chamber warmth is recommended. It is almost useless to address the poor and needy. Their means of providing against such complaints are too insufficient to allow us to hope for any great diminution in the mortality from lung disorders in that class of society. A few hints, however, as regards *prevention*, may not be wholly lost, even upon the poorer orders. I should like to see the inhabitants of the northern counties in England adopt, during the cold months of the year, the sheep-skin pelisse of the Russian boor. It would serve them in several capacities. It would supply them with warm clothing, be an additional cover to their bed at night, and stand instead of fire on the hearth, where they have perhaps no more than the means of furnishing sufficient fuel to cook potatoes. Wrapped up in a sheep-skin pelisse, the working man might sit in his chimney-corner in comparative comfort. He would have less inducement to go abroad, less temptation to seek the blazing hearth of a neighbouring ale-house, if he had the means of making himself more comfortable *at home*. It is the cold of his hovel that he has to dread, more than the inclemency of the weather out of doors. This he can brave; his labour may keep him warm without, but it is when returning from his plough and from the fields, wet, tired, and chilled with cold, that he would feel the comforts of stripping off his working clothes, and wrapping himself up in a woollen garment. By such means he would avoid coughs and colds, which, once contracted, none of the means within his reach can serve to abbreviate. He must expose himself, he cannot "take care of his cold," as the expression signifies, and yet, in fact, he does so literally. He cannot take care of himself. All the means which the poor can employ can be solely those of the *preventive* system, and little may be within their power. This little may be attended to with advantage. I have been in the hovel in my younger days, and have passed hours in professional attendance where the winds have entered by the doors and crazy casements. This "thorough draft," an expression so common in an English mouth, might be in

some measure obviated. The windows might be made to fit more closely without any expense; and paper, pasted all round the casements, would prevent the gusts of wind from puffing in. No pane should ever be allowed to remain unrepaired. If the penury be such as not to permit of the glazier's visit, the opening should be pasted up with oiled paper, which allows light to enter. The doors may be made to fit more closely, they may be listed round with no expense; and all such matters, fully explained and insisted on by the philanthropic, would confer a great boon on the poor man, and doubly so if he be sick.

Let these matters be fully explained to him, and as familiarly as possible. Take his common phrase, "Died for want of breath," and comment upon it. Show him the construction of that apparatus which sustains life, make him feel the necessity of its operations, inform him that all the functions of the body are sustained by it, that neither can his blood flow nor his stomach digest, nor his muscles have power to act, if the respiratory organs be deranged in their functions; and once convinced of this, it will be more easy to convince him that an instrument which is so complicate, so delicate, and performs so many functions, must be kept in as perfect good order as possible. Satisfy him that every *lesion* of such an organ must be attended with consequently bad effects, and that the grand secret for keeping it in a healthy state is not to expose it too suddenly to atmospheric changes, and particularly to the chilling influence of drafts of air, which immediately affect the delicate texture, prevent the circulation of blood in its vessels, and so produce inflammation or cough. Enable him to understand that constant coughing reacts upon that organ, and, by its efforts, determines too great a quantity of blood to it; that sometimes the delicate vessels, not being strong enough to resist the impetus of the blood poured into them, break, like the fine meshes of a spider's web which has been overstrained; that the blood is then coughed up, sometimes in such quantities as to endanger life, at others to produce death by slow degrees, terminating in consumption. The texture is too delicate to be repaired, as other textures are, because the part itself *cannot be at rest*, so that it ulcerates and frets away; and that which formerly sustained all the other functions now being exhausted, a stop is put to the working of the whole machinery. Show him that in many cases this is not to be avoided,—that diseases of these organs are the inheritance of the rich and poor, for to the laws of Providence all must submit, but that many evils are produced by our imprudence and by wilful neglect, which might be obviated by care and attention.

Let the good folks at home establish *temperance societies for the lungs* as well as for the stomach, and they will effect a quantity of positive good. Nay, the two sister virtues will go hand in hand. How might not the peasants of each country gain by a change in the habits of their lives! Introduce temperance societies into Russia, and *warm houses* and clothing among the English, and the reform would, so far as we can imperfectly see, be productive of the greatest blessings to the populations of both. It is in vain to hope for perfection at once, but time does work wonders, and by *time* is to be understood enlarged views of mankind in general, and the promotion of these views. Let every one do something for the good of his fellow-creatures, each endeavouring to improve their physical condition. Their moral condition will not stand still. As they find more comfort in life the more will they cherish it, and the more easily will they discover that morality is the essence of comfortable existence. Let none be discouraged by the idea that individual exertion is valueless.

So early as the year 1819, when I quitted Edinburgh, I observed that double windows were introduced into the New-College classrooms, and I believe that many new mansions of the nobility are so provided. This is certainly one of the most essential points towards securing an equable temperature in chambers. It constitutes a desideratum in English houses, but as it can be effected only in few instances, and as double windows must be the portion of the affluent, so I would simply suggest that the *single* windows in all houses should be made *air-tight*, and that the casements should not rock, as many of them do. This, particularly with respect to the bed-room windows, for that is the purgatory of an English house. The windows in the bed-room of an invalid should be made air-tight, by good carpenter's work, but where old casements rattle they should be made steady by a nail or two driven into the sides of the sash, and then paper should be pasted or glued all round, so as to prevent any wind from coming in at the sides. The sash must be provided with a little door, which may be opened at pleasure, when the room is arranged in the morning, but not left open too long, so as to reduce the temperature too low.

Here, I am well aware, I have to contend with the strong and general national prejudices of a cleanly people. There is "nothing like fresh air." If the room have a close smell, the windows are opened until the apartment gets down to the freezing point, and much below it, and then it "smells wholesome." That is true; but still it is death to tender lungs, and many a soul is sent to its long home by the currents of air in an English house. The expressions of natives may be bandied about, for there is truth in them. "Your rooms have a close, musty, sickly smell," says the English traveller in St. Petersburg. "On est toujours

dans] un air coulant," said a lady to me who had passed two years in London and Edinburgh. The *juste milieu*, so difficult to be accomplished in the political world, may be found in the physical; and as foreigners in Russia do not sacrifice all their old habits, but blend them with those of the natives, so I think the same may be done in England with very great advantage; and in this respect attention to the window-frames is of the first importance. The Russian rooms are provided with stoves, but these are not necessary. A well-built fire-place, which throws the heat into the room, and allows only the smoke to go up the chimney,—not one of the old-fashioned sort, which takes in half of one side of a dining-room,—but a well-constructed, well-fitted grate, which throws the heat into the room, is quite sufficient to keep the apartment warm, provided that the doors and windows be air-tight; but there must be no rattling of casements, no gusts of wind from under the doors, to make the carpet dance, or adieu to *comfort*. This English word, so little understood by foreigners, is not even so by ourselves, as regards either the construction of our houses or the mode of heating them. In cold weather, fires should be kept up day and night. The secret consists in *keeping the enemy out of the house*. If he enter it is difficult to turn him back. By well-regulated fires Russian stoves may be dispensed with. The air is more pure, too, in rooms where there are grates; and if the doors and windows be tight, there will be no draft of consequence. The room which requires the most attention, and which is always the most neglected, is *the ante-room*, or *hall*, or *long passage*, or that space into which the *street-door* opens. Here a warm stove is imperative. Who is not acquainted with the sound of the instantaneous, spasmodic, choking cough which seizes the invalid in his transit from the warm parlour through the cold hall, and up the chilly staircase? This is a cruel experiment for tender lungs,—an antidote to all the good which medicine can effect. Here is the comfort of a day destroyed in a few seconds, and a night of cough and uneasiness ensured which might be avoided. It is in this respect that Russian houses are so preferable. *The hall* is the warmest of all the apartments, for it is the most heated, in order to defy the admission of the greatest cold. How is this to be accomplished in English houses? It is not easy to alter their construction. A stove will, however, warm the ante-room, and it might be so constructed as to allow of a long chimney, which could be carried along the wall and up the staircase. The wealthy only can accomplish these comforts, but by doing so they may remain more securely at home than by seeking warmth under Italian skies. No houses are so ill constructed for invalids as the English. The Scotch flats are infinitely preferable, and will allow more easily of all these improvements; but the inhabitant of an English house has to descend from the drawing-room to the parlour, whence, again, to the former, thence, perhaps, mounting two flights of cold stairs to the bed-room. Health may brook the varieties of temperature to which these operations expose us, but very delicate beings cannot, and the patient may fall a sacrifice.

In conclusion, a few observations as to *clothing*.

The invalid, who has to traverse a cold apartment, just emerging from a warmer one, should be provided with a large shawl, which will envelop the head and neck. Here the respirator may be used with great advantage, for avoiding a *single gulp* of cold air is of the greatest consequence to the consumptive patient. Thus protected, the bed-room may be reached without danger. If this be not so warm as is desirable, let it at least be made as warm as circumstances will admit. A warm, quilted, dressing-gown is an essential part of the bed-room apparel. It should be close at hand, and lie upon the foot of the bed, so as to be slipped on before the patient has totally emerged from the couch. It should be worn during the toilet operations. The feet should be shod in slippers lined with fur or wool. This clothing, than which nothing can be warmer, guarantees the invalid against all bed-room cold, so far as clothing is capable of doing it. The same should be worn at night, previously to going to bed, whilst undressing. As to the cold ague fit which is produced by getting between clean-mangled sheets. How is that to be avoided? The warming-pan presents the only remedy, and the use of that should never be omitted.

By a strict attention to all these matters,—by warming the house throughout as effectually as possible,—by avoiding all currents of air,—by exposing the body as little as possible to impressions of cold, which may be effected by the use of proper clothing,—and by ever bearing in mind that all affections of the lungs are aggravated by neglect of these precautions, some good may be promised to the community.

In offering these hints to the public, I am merely doing so under the impression that an acknowledged truth requires to be often repeated before it is practically embraced. Unfortunately, it is, though once well recognised, often soon forgotten, and, without some imperative necessity to remember it, it then glides away, like the stream,—

"Labitur et labetur in omne volubilis ævum."

Porchester-place, Oxford-square,
October, 1842.

FATAL BLOW OF THE LUNG,

IMPERFECTLY INDICATED BY THE SYMPTOMS.

By George Moore, Esq., Surgeon, Moreton-in-Marsh.

A stout, healthy young man, articled clerk to a solicitor in London, whilst on a visit in the country, was, on the morning of Tuesday, September 6, riding on horseback, when the horse tumbled, and he fell on his left arm, the wrist of which was badly sprained, and the elbow much bruised. He remounted, and, on reaching his destination, complained only of *pain in the arm* (the accident happened about ten o'clock, a.m.). He now walked out with a friend, shooting until three o'clock, p.m., when he began to complain of pain in the left side, repeatedly doubling himself up; he, however, refused to have medical assistance, contenting himself with fomenting the injured arm.

At about ten o'clock, p.m., he retired to rest, and at half-past eleven awoke his bedfellow, informing him that he had "burst a blood-vessel," which he considered was caused "by turning suddenly in bed whilst dreaming."

A messenger was instantly dispatched to my house (a distance of four miles), with whom my nephew returned. He found the patient much excited, hæmorrhage still continuing from the mouth to an alarming extent, the amount already lost being full ten ounces of frothy, fluid blood. He stated that his general health was good, but that he occasionally suffered from a "short hacking cough," for which he had been under treatment of Dr. Copeland, and that he frequently was troubled with relaxation of the uvula. His chest was well developed; there was no fracture of the ribs; he could without difficulty make a deep inspiration; the pulse was full and hard. A full bleeding from the arm was resorted to, and a pill containing—*Acetate of lead; powdered opium;* of each a grain and a half, administered; to be repeated in four hours. Strict silence was enjoined, and the room to be kept perfectly cool; no warm fluids to be on any account given. Having had no return of the hæmorrhage at five, a.m., my nephew left him quite calm. About half-past eight I first saw him; there had been no further hæmorrhage; he had expectorated two or three dark coagula; the respiration was free; skin cool and moist; pulse 120, soft, and compressible; tongue clean and moist; had had some comfortable sleep; there was little or no thirst. Ordered the following draught, to be taken every four hours:—

Acetate of lead, one grain; *Distilled vinegar*, half a drachm; *Water*, sufficient to make a draught.

Cool drinks only to be allowed, with arrow-root, gruel, &c., as diet. In the event of a return of the hæmorrhage, a pill, as before, to be given in addition to the draughts.

On my visit in the evening I found that about four ounces more of florid blood had been brought up, after a violent fit of coughing. A pill had been accordingly administered; in other respects my patient was much the same as in the morning; he expressed himself as perfectly comfortable, and free from pain. Ordered to continue the draughts.

Sept. 8, Eight, a.m. Has had some comfortable sleep; has a slight sensation of weight over the eyes (attributable to the opium); no further hæmorrhage; pulse 120, easily compressed; tongue moist; breathing natural; slight pain in the bowels, which have not acted since the accident. Continue the lead draught. Take also immediately *castor-oil*, six drachms, and repeat the dose after six hours, if there be need. Allowed ripe peaches and grapes *ad libitum*.

Three, p.m. Was summoned hastily to my patient; found that hæmorrhage had recurred to the amount of an ounce; in other respects as well as in the morning. Continue the draught.

Eight, p.m. The oil has given exit to a copious motion (having a semblance to pitch), with great relief to the patient; pulse 120, still easily compressed; tongue still moist, slightly furred; skin cool and moist; has passed the day comfortably, with no bleeding since my last visit. Continue draught.

It was now determined to call in further assistance, which was accordingly done, a note being dispatched to Oxford forthwith. My nephew and self now remained with him by turns (no alteration of symptoms occurring, the sputa occasionally expectorated being tinged with florid blood) until noon next day, when Dr. J. A. Ogle, Clinical Professor, Oxford, visited the patient with me, and recommended, as the best means of controlling the undue action of the heart, that he should be placed *fully* under the influence of *nauseating* doses of ipecacuanha, short, as far as possible, of vomiting. The following draught was ordered to be taken every four hours:—

Powdered ipecacuanha, two grains; *Nitrate of potash*, six grains; *Mucilage; Water;* of each sufficient to make a draught.

Repeat the castor-oil.

Vespere. The bowels have been acted upon; the excreted matter still of the same character, and very offensive. The draughts have caused excessive nausea and violent retching, still no vomiting has occurred, neither has there been further hæmorrhage. The sputa are not, as formerly, tinged with arterial blood, but dark coagula are occasionally expectorated; the pulse is 120,

slightly reduced in volume; extreme diaphoresis; great debility; tongue still maintaining the same character. Continue the draught.

10. Eight, a.m. Has passed a restless night, which he attributes to the inconvenience caused by a "short, hacking cough;" no change in the pulse; no pain in the chest; respiration free; tongue clean at the edges, and moist, but coated with dark fur in the centre; slight thirst. Add to one draught, *extract of hyoscyamus* four grains.

Vespere. Pulse 120; tongue as in the morning; nauseating effects of the ipecacuanha still fully manifested, but no vomiting; no return of hæmorrhage; great debility; cough considerably relieved. Continue draught.

11. Eight, a.m. Has had another action on the bowels, motion still of the same vitiated description; breathing slightly oppressed; respiratory murmur imperfectly heard on left side; pulse 120; tongue dry, otherwise as before. Continue draught. Take also after draught the following powder:—

Chloride of mercury, one grain; *Sugar*, two grains.

Eight, p.m. No change of symptoms. Continue medicament.

12. The effect of medicines much diminished; tongue dry and much furred; pulse 130, no corresponding increase in volume; respiration difficult, left lung assisting little therein; great dulness on percussion of left side, where there is much pain; countenance anxious; skin dry; the bowels have acted four times since yesterday; the secretions are improved; thirst. Apply a blister to the sternum immediately. Quarter-grain doses of tartar-emetic were substituted for ipecacuanha, and in lieu of calomel were given alterative doses of mercury with chalk, combined with Dover's powder. Barley-water for drink.

Vespere, seven o'clock. Much the same; has suffered slightly from strangury. Continue the medicaments.

13. Mane. Extreme anxiety of countenance; pulse 135; breathing partially abdominal; tongue dry and much furred; the patient considers himself sinking. Continue draught.

Vespere. Still worse; breathing excessively laborious; pulse 140, diminutive; great thirst; extreme restlessness.

℞ *Acetate of morphia*, one-third of a grain; *Distilled vinegar*, ten minims; *Distilled water*, sufficient to make a draught; to be taken immediately.

14. Mane. Passed the former part of the night tolerably easily, but is now again very restless; occasionally slight delirium; breathing convulsive; tongue thickly coated with black fur; pulse 160. The morphia draught was repeated with almost instantaneous relief.

Six, p.m. Fast sinking; in no pain, but much distressed by laborious breathing; pulse small, intermittent. A morphia draught was administered, again affording relief to the patient, who rapidly sunk, and calmly expired about a quarter to ten, p.m.

Inspectio Cadaveris, Nineteen Hours after Death.

Body generally extremely muscular; right lung perfectly healthy; left highly inflamed, having at the back part a lesion of its substance, extending perpendicularly through its whole length, and about four lines in depth. A considerable quantity of coagulable lymph had been thrown out, and a beautiful retiform connection between the edges of the wound (in the inferior three-fourths of its extent) established; the superior fourth, where the wound was deepest, and whence the greatest degree of hæmorrhage seemed to have proceeded, was filled by a coagulum, the parts surrounding being in a state nearly approaching to gangrene. There was a considerable quantity of blood extravasated into the cavity of the thorax, and very intimate, though recent, adhesions between the thoracic and pulmonic pleuræ existed; the heart was rather small; the liver large and healthy. As the friends wished that no further investigation than was absolutely necessary should be had recourse to, our researches here stopped.

Remarks.—There are points connected with the above case which appear deserving of some further notice; they are these,—

First. That after so severe a fall as must have happened to cause such serious injury to the chest, no apparent pain nor any unpleasant sensations should have been felt there until the expiration of five hours after the accident.

Second. That so long a time, viz., thirteen hours, should have passed before the occurrence of hæmorrhage.

Third. That inflammation of the lungs should not have supervened earlier.

I can only account for the first, by supposing that the sufferer concealed any pain he may have felt after what appeared to him an insignificant accident, through fear of otherwise being considered pusillanimous; this supposition, however, does not accord with the fact, that he troubled to pay attention to a *comparatively* trifling injury of the arm. As regards the second, it is evident that hæmorrhage into the cavity of the thorax must have taken place from the first; but the seat of the principal hæmorrhage being situate at the superior portion of the wound, gravity alone would, while the body was erect (notwithstanding its constant augmentation), prevent the effused fluid from obtaining exit by the bronchial tubes; this obstacle would be removed on assuming the recumbent posture.

Inflammation of the lungs was, of course, necessary to afford nature an opportunity of

repairing so extensive an injury. This might possibly have been sufficiently moderated by treatment to have allowed of a temporary cure, but for the constant irritation produced by the presence of the effused fluid in the cavity of the thorax, its earlier occurrence was probably prevented by the hæmorrhage itself, combined with the decided antiphlogistic measures resorted to and persevered in.

With respect to the manner in which the lesion was effected, the concussion must have taken place at the moment that the lungs were fully expanded; and as when a bell is struck the greatest degree of vibration occurs at the point opposite to the site of the blow, or as a blow on the vertex causes fracture of the base of the skull, so in the present instance the principal force of the fall was centered upon the part of the lung opposed to the point of concussion.

Moreton-in-Marsh,
Oct. 7, 1842.

IDIOPATHIC GANGRENE.

DR. HUTCHINSON'S CASES.—ITS TREATMENT AS A DISEASE OF INFLAMMATION.

To the Editor of THE LANCET.

SIR,—I have read with much interest the observations on "Idiopathic Gangrene" by Dr. Hutchinson in THE LANCET for October 30, page 49, his opinions respecting the pathology and treatment of that disease so fully agreeing with my own, as recorded in THE LANCET, May 15th, 1841. Although I entirely concur with Dr. H. in the above-mentioned points, I cannot agree with him respecting the propriety of the term *idiopathic*, a designation which appears to me to be far more objectionable than the one in general use. Dr. H. says, "The term idiopathic gangrene, then, is now employed to distinguish this form of gangrene from those arising from mechanical injury, from the exhibition of certain poisons, from dropsies, *from cold*, or destructive general inflammation, or from any other cause but that which it is the object of the present paper to attempt to elucidate as the real one, viz., from an inflammation arising spontaneously in the lining membrane of an artery distributed to the part affected."

I believe that idiopathic gangrene (according to the strict meaning of the term) is a disease of comparatively rare occurrence, and the four cases related by Dr. Hutchinson do not appear to me to be examples of it. In the 1st case "the legs were exposed to cold;" in the 2nd, "the brachial artery was subject to pressure;" in the 3rd, "nitrate of silver had been applied to the toe;" and in the last example the patient had "used cold sea-water to the feet." I am aware that the majority of cases of senile gangrene are considered to be spontaneous, or idiopathic, but I believe (as I have before stated) that there is generally some slight mechanical injury to the part affected, which produces partial detachment of the inner brittle coat of the artery, and that this is the exciting cause of the subsequent inflammatory action. The present division of mortification into *dry* and *humid*, appears to me to express fully the nature of the disease. In the former, the principal vessels leading to the affected part are obstructed; in addition to which it generally happens that the coats of the arteries are inelastic, from bony deposit, and hence the collateral circulation is but imperfectly carried on. In the humid form the larger trunks (I believe) are not so much implicated, the inflammatory action being limited to the smaller branches.

A load of prejudice must be removed before the stimulating plan of treatment in the first stage of dry gangrene will be abandoned. "The disease," say the advocates of this treatment, "occurs in the aged, and therefore is one of debility, and not of inflammation." In reply, I would ask, Are not old persons subject to inflammatory diseases? Are not their legs and other external parts frequently inflamed? Is not inflammation of the lungs a common cause of death in the aged? According to the researches of Messrs. Hourman and Lechambre, at Salpetrière, "the most frequent disease amongst old people is inflammation." Now, if this tendency to inflammatory action be admitted, why should the arteries be exempt from that disease, and what other condition will produce fibrinous deposit, adherent to the inner coat of the vessel, as in several specimens which I possess? Unfortunately, no comparison (on a large scale) can be made between the two modes of treatment; but from the information that I can at present collect, the success is greatly in favour of the antiphlogistic. I have, however, departed from my original intention, viz., that of merely noticing what I consider to be an error in the nomenclature of Dr. Hutchinson. I am, Sir, your obedient servant,

EDWARDS CRISP.

Walworth, Oct. 28, 1842.

DURATION OF LABOUR AND LENGTH OF THE FUNIS.

To the Editor of THE LANCET.

SIR,—As it is still doubtful with some practitioners how far the duration of labour is influenced by the length of the funis, I send you the following table of thirty-two midwifery cases, which occurred, consecutively, in a very few weeks, because it may tend to throw some light upon the subject. I may, ere long, forward the result of my continued investigation. By the "duration

of labour," you are to understand the time which elapsed after the medical attendant was summoned to his patient; and by the term "quick," that he hardly arrived soon enough to assist at delivery. I remain, Sir, your obedient servant,

GEORGE YEATES HUNTER, M.R.C.S.

Margate, Oct. 28, 1842.

No. of Case.	Whether 1st, 2nd, or 3rd child, or otherwise.	Duration of Labour, in Hours.	Full Length of Funis in Inches.	Male.	Female.
1	8th	3	29½	—	
2	2nd	1	29	—	
3	3rd	8	30	—	
4	3rd	4	35		—
5	1st	1	24		—
6	6th	2	24	—	
7	3rd	4	25½		—
8	7th	6	32		—
9	5th	2	26½	—	
10	3rd	1	26½		—
11	2nd	quick	18		—
12	7th	quick	27½		—
13	2nd	quick	22½		—
14	3rd	2	22½		—
15	7th	12	16½	—	
16	2nd	quick	12½	—	
17	1st	1	23½		—
18	3rd	5	21½		—
19	1st	21	21	—	
20	4th	5	30		—
21	2nd	1	26		—
22	4th	1	12		—
23	2nd	2	26½		—
24	2nd	quick	17	—	
25	1st	12	21½	—	
26	3rd	1	26		—
27	9th	quick	18		—
28	2nd	quick	19	—	
29	2nd	quick	25	—	
30	3rd	2	21½		—
31	4th	quick	20	—	
32	6th	quick	19		—
		32	756	13	19

Average length of funis, 23⅝ inches.

Remarks.—Case 16: Premature, between five and six months.

Case 19: Face to ossa pubis, with impaction; delivered with forceps; child living.

Case 23: Face to ossa pubis.

Case 27: Premature, six months.

CASES OF "FITS,"

WITH REMARKS.

By C. J. B. ALDIS, M.D., Physician to the London Dispensary, and Lecturer on Medicine at the Charlotte-street School.

CASE 1.—I was requested to visit Martha B., ætat. 16, Sept. 29th last, residing in Hunt-street, by her mother, who stated that her daughter was in a fit, and had been so since two o'clock in the morning, and that she had suffered from a fit some time before, for which she was bled. I went immediately from the dispensary, between twelve and one o'clock, and found the girl in bed, apparently insensible, and closely watched by her grandmother, who said that the patient had not spoken since two o'clock, although they had tried to make her sensible in every way they could think of. Pulse natural; skin warm; bowels said to be costive; catamenia regular. I called loudly to her, but received no reply; she seemed to be in a complete state of stupor. On trying to raise the eyelids, in order to examine the condition of the pupils, I found that she endeavoured to close them again. Suspecting the case to be hysterical, I told the mother to bring me a jug of cold water, and threatened to throw it over her if she did not return an answer to my questions. She had previously experienced a sensation of choking in the throat at different times. When the water was brought to me I renewed the threat, and observed the eyelids begin to move. I was about to pour the water over her head, when she sat up in the bed, without opening her eyes, or returning an answer to my questions. On repeating the threat she opened her eyes, and began to speak, to the astonishment of her anxious and wearied relatives. Aperients and antispasmodics, with cold affusion every morning, were ordered. I told her to visit me at the dispensary on the following Monday, which she did, and is now quite recovered.

CASE 2.—The following case is of a more serious nature, which occurred October 24th, inst. The mother of the girl applied to me at the dispensary to visit Sarah P., aged twelve years and a half, residing in the Horse-ride, who, she said, had not spoken since nine o'clock the same morning. I went immediately, between twelve and one o'clock, and found the patient lying in bed in a fit. Pulse oppressed; skin cool; bowels open; urine free; head warm; lips livid; foaming at the mouth; stertorous breathing. The pupils were contracted at first, but afterwards became dilated; feet cold; arms contracted across the chest; mouth firmly closed, from rigid contraction of the muscles. Previously to her being attacked, at nine o'clock, she asked her mother for some meat, which was refused; soon after the mother observed "a working of the fingers," and coma super-

vened. She had pursued her occupation of fancy trimming until Saturday evening; felt poorly on Sunday, and went to bed. Nine years previously she was attacked by measles, since which time she has been subject to occasional attacks of "asthma," according to the statement of her mother. Never had a fit before. Mustard poultices were applied to the feet, cold water to the head, and blood was taken by Mr. Gayton, the apothecary to the dispensary. After the abstraction of blood, the muscles of the mouth relaxed sufficiently to allow me to administer an active purgative, a portion of which returned through the nostrils, and the mouth became again firmly fixed. Various means were resorted to with a view to restore her, but she died in four hours afterwards. The permission of the parents having been obtained, her body was

Examined on the next day.

The mouth was firmly closed, and the abdominal muscles were very hard and rigid.

Head.—On opening the longitudinal sinus much dark fluid blood escaped. On removing the dura mater, the surface of the brain was observed to be congested to the last degree. The ventricles contained no effusion whatever, and there was no trace of ruptured blood-vessels in its substance, which, however, was greatly congested.

Chest and Abdomen.—Old adhesions were detected between the pleura pulmonalis and pleura costalis of the right side of the chest, the lung of the same side containing more blood than natural. The heart, left lung, and abdominal viscera were all healthy. The alimentary canal contained a small quantity of feculent matter.

The foregoing Cases

present a remarkable contrast; the first being a case of hysteria simulating apoplexy; the second presenting an example of apoplexy from cerebral congestion, which, most probably, was connected with the morbid changes in the lungs, affording an impediment to free circulation of the blood through them. She had been affected with headach at different periods for a long time. The case of hysteria affords an example of the necessity of not having recourse to bloodletting in every case of "fits," although the popular opinion may be in favour of it. The mother of the girl in this case was dissatisfied, at first, that I did not bleed her daughter; but when she found that the patient was able to walk to the dispensary on my next visit, as I said she would be able to do, her anxiety in regard to bleeding ceased.

October 29, 1842.

THE SEAL OF

THE APOTHECARIES' COMPANY IN ACTIONS FOR DEBT.

GENERAL COURT OF QUARTER SESSIONS

FOR THE

BOROUGH OF BARNSTAPLE,

Held at the Guildhall, October 25th, 1842,

BEFORE

WILLIAM MACKWORTH PRAED, Esquire, Recorder and Judge.

(COURT OF RECORD.)

JOHN JOCE, Surgeon, *v.* HENRY SHAPLAND, Lieut. R.N.

THIS action, to recover a professional bill, excited very considerable interest, from the respectable position which the parties hold in society. To the parish of Swymbridge, plaintiff and defendant both belong. The court was crowded, and on the bench and in the galleries were numbers of ladies and gentlemen of the town and neighbourhood, and the table was thronged by professional gentlemen. An "eminent" barrister from Exeter (Mr. Bird) was engaged to plead in the case, the appearance of a barrister in this court not being remembered before. Messrs. Carter, of Bideford, attorneys for plaintiff; and Messrs. Riccard, of Southmolton, for defendant. The jury consisted of twelve respectable tradesmen.

Mr. BIRD opened the plaintiff's case. This was an action for debt. The plaintiff stated in his declaration (which was filed June 29th, 1842), that defendant was indebted to him, on the 1st January preceding, 15*l.* for work done, journeys to his house, medicines supplied, &c.; a second count alleged the amount to be due for goods delivered. The defendant replied that he was only indebted 2*l.* 19s. 9d.; secondly, that on the 10th May, 1842, before the action commenced, he tendered to the plaintiff 2*l.* 19s. 9d., which defendant now brought into court; thirdly, he pleaded payment of all claims (excepting the 2*l.* 19s. 9d.) prior to 1st Jan., 1839; fourthly, that no part of the demand, excepting the 2*l.* 19s. 9d., had accrued within six years before the action. The parties, possessing the character of gentlemen, the 2*l.* 19s. 9d. was not of importance to his client, or defendant; no, it was the estimation in which they would be held by society after this action. The plaintiff was a surgeon and apothecary at Swymbridge, within the jurisdiction of this court, where he had practised for twelve years past. The defendant, being a lieutenant in her Majesty's navy, he (Mr. B.) regretted the nature of the defence, which, instead of meeting the demand ho-

nestly, said, "Prove all you can; but I will avail myself of the law, to require your proof to correspond with your claim." For nine years there had been a close intimacy between them, up to 1841, when circumstances arose in the parish which caused a breach between the parties; and subsequent inveteracy. The object of the defence would be to attempt to fix a stain on the reputation of the plaintiff, which he by me (said Mr. B.) will do all that the law allows him to repel; or if the defence fix such a stain, I hope it can be wiped out by that justice for which he appeals this morning. In consequence of the misunderstanding the plaintiff ceased (for I believe he first refused) to have further intercourse with the defendant; and an application followed to the plaintiff to send in his bill,—a proof that a bill *was* due. That bill was accordingly sent in; its first item bore date the 7th January, 1832, and its last, the 13th March, 1840. In addition to the charge for professional services was 10*s.* for beans sold to the defendant. From the first charge down to the 13th March, 1840, plaintiff was the regular medical attendant of defendant, and also (at defendant's request) of a relative who lives with him. The bill sent in amounted to 18*l.* 9*s.* 9*d.*; but in 1835 the plaintiff borrowed of defendant 5*l.*, which, being deducted, reduced it to 13*l.* 9*s.* 9*d.*, which the 10*s.* for the beans made 13*l.* 19*s.* 9*d.*, the sum we claim. Now how does defendant meet this claim? In a letter to the plaintiff, after he had received the bill, he offers—not to pay it; no, he only expresses his wonder at the bill, and wishes *to refer it* to two gentlemen, but with one very strange condition, namely, that neither of them should be a medical man. Such a stipulation amounts almost to a plea of *guilty!* The defendant has put a plea of payment on the record; but if he had paid the amount he would have had a receipt, or a person to prove it; but none has been made. We are told to-day that the 5*l.* is to be wrested into a payment; but in a transaction between him and the plaintiff in the purchase of a horse, plaintiff offered to repay the 5*l.*, but defendant replied, "No, put it to the account."

Mr. Riccard here excepted to the learned barrister anticipating evidence which might not be preferred; but the court overruled the objection, stating that the learned gentleman would only damage himself if he alluded to facts which he would not afterwards put in evidence.

Mr. Bird resumed. But the gallant lieutenant has gone further; he has pleaded the statute of limitation, and says, in effect, "I am not bound to pay, for the law says that you shall not give in evidence anything that occurred six years before the commencement of the action." Is not such a plea a very strong contradiction to the plea of payment! I allow that the statute of limitation was made for good purposes, and that a very honourable man may, under certain circumstances, avail himself of it; for example, if a claim be made which he does not believe he is liable for, it will assist him to get rid of an unjust demand. But if he has had the plaintiff's attendance and medicines, he must know that he ought to pay for them. If he have paid, to a jury he ought to prove it; and no man, after circumstances the very nature of which must have impressed his mind with them, can avail himself of the statute without justly causing a prejudice against him in every ingenuous mind. And the stress in this case against my client is the insinuation that the bill is exorbitant—that the charges are unprofessional. Now, had the 2*l.* 19*s.* 9*d.* been accepted by the plaintiff, what would be the public estimation in which he must have been held? Whatever his skill, would individuals have gone to him? Would not such an act have injured him through life in the neighbourhood? There was no alternative left to him, to maintain his reputation, but to say, "I will repose in the skill of my profession; my professional friends shall say if there is anything in this bill which the defendant ought to have refused to pay." Now, Gentlemen, we are put to the proof of something beyond the 2*l.* 19*s.* 9*d.*, or your verdict this day must go against us, because the defendant has chosen to say that he will only pay so much as we can establish by legal evidence. Our evidence will commence with October, 1837; and I shall prove 3*l.* 15*s.* to have accrued after that time. I must remind you that no professional man, attending a respectable family for nine years, could stand such a defence as is this day set up. How is he to produce all his errand boys who may have delivered medicine to the patient? My surprise is that the plaintiff can establish so much as 3*l.* 15*s.* of his bill, by legal proof. A professional man takes his horse, visits his patients, and on his return makes his entries, but he cannot adduce them in proof, because they are his own; he does not tell his servant whom he has visited, and direct him to make the entries, but he makes them himself, and thus precludes himself from establishing them; and this he does in that confidence which ought to prevail, especially among gentlemen. But when a person can plead the statute of limitation, such conduct teaches a professional man to disregard the friendship and mutual confidence which his relation to his patients implies, and to take every precaution in his entries, and send in his bill regularly, anticipating, in fact, such a course as we have to meet this day. Long, however, may it be before such a course becomes common! The evidence which I shall call first, shows that for a long time the plaintiff attended defendant and his family, and the illness he was subject to. Gentlemen, if these things were frequent, and a surgeon

were driven to seek for evidence among the servants of his employer, how unpleasant would the relations of master and servant become. But as the tendency of the defence is to inflict a stain on my client, I shall call servants both of plaintiff and defendant, and they will prove every item from October, 1837, down to the last item. There is another question, of far greater consequence to my client, and that is the charges he has made; but gentlemen of the first respectability will prove that they are most moderate. Of course, whatever the issue, he must be a considerable loser, pecuniarily, because defendant pleads the statute of limitation.

To prove the plaintiff's certificate as an apothecary, the learned barrister called Mr. Cutcliffe, of Barnstaple, surgeon: sixteen years a surgeon and apothecary. Mr. Joce's certificate of the Apothecaries' Company as a licentiate, was put into the witness's hands; he pronounced the seal to be the genuine seal of the court.

Mr. RICCARD: The seal is not proved. How can you swear that that is the apothecaries' seal? Did you compare it with the original, or, in fact, did you ever see the seal itself?

Witness: No, nor any apothecary in England; but I have no doubt that the impression is genuine, from its similarity to my own.

Mr. RICCARD: Your honour, there is no proof whatever, and it is indispensable that the plaintiff prove his certificate. I refer to cases, Sherwick *v.* Smith, Chadwick *v.* Bunning, and Collins *v.* Carnegie.

Mr. BIRD: We have given sufficient evidence of it, and I refer to a recent case, Simpson *v.* Ismore, in which evidence of identity was admitted, such as we have adduced.

Mr. RICCARD: That case does not apply, or, if it apply at all, it confirms my objection; for the point there was not the genuineness of the seal, but the identity of the person acting under it, and the report states expressly that the seal was *proved*.

Mr. BIRD: The seal proves itself.

The COURT: No; the seal of the Court of Chancery proves itself, and so does the seal of the corporation of London; but that does not extend to Apothecaries' Hall.

Mr. Cutcliffe: I had a certificate myself from the company when I passed, and the seal now produced is like mine; I received mine from an officer of the company, with a number of other students; and it is my belief that it is the common seal of the Apothecaries' Hall; I have seen, I dare say, fifty impressions of it in my time.

By Mr. RICCARD: I cannot say that I ever compared one seal with another so minutely as to be put on my oath with respect to them.

The COURT: Without looking at the seal again, can you describe the motto?

Witness: "Opiferque per orbem dicor."

The COURT: Now describe the seal.

Witness: I cannot minutely.

Thomas M. Smith: I am a surgeon and apothecary at Bideford; I believe this to be the seal of the Apothecaries' Company; I have one myself, precisely the same; both are evidently impressions from the same seal; I received mine from the secretary, who delivered it to me after my examination; I have acted under it for six years. (Cross-examined.) I have seen, as well as my own, perhaps two dozen; I never compared them with great minuteness, but I pronounce them to be all alike from their general appearance. I will not undertake to describe the seal precisely, but its motto is, "Opiferque per orbem dicor."

Thomas Berry Torr: I am a surgeon of Barnstaple, in practice fourteen years; I have a certificate which I got at the hall, in company with other students; I have seen some dozens of the seals, and they are all alike; I did not see the die actually applied to the paper, but when it was handed to me it was but just done, for the impression was quite damp; I am not perfectly familiar with the heraldic description of the seal, but I recollect that two unicorns rampant form part of it, and that a rhinoceros forms the crest. (Cross-examined.) I have looked at the seal now in court, but I could have stated quite as much of its contents if I had not seen it; I never saw any heraldic display at the company's hall; I did not see the die; I received my certificate from the secretary, or warden; I think the name was Jackson; I paid 6*l.*, and some *et ceteras*, on my receiving it.

Mr. BIRD: I submit that the identity of the seal has been sufficiently established.

The COURT: I am quite clear that *the seal must be proved;* some person should be produced, either an officer of the Apothecaries' Company, or some other person capable of speaking to it from *actual knowledge of and comparison with the original seal itself*. The witnesses produced prove nothing, for they never saw it. *There should have been an officer of the company here. I have often seen an officer produced in cases of the sort.*

Mr. BIRD replied, that he was not furnished with other evidence.

The COURT: Then the plaintiff is nonsuited.

The Clerk accordingly called the plaintiff in the usual form, who was declared to be nonsuited; and there the affair terminated, much to the disappointment of a crowded court.

The plaintiff intends to commence a second action.

MEDICAL SOCIETY OF LONDON.

Monday, October 17, 1842.

THE CAUSES AND NATURE OF INFLAMMATION.

Dr. Marshall Hall read a paper on the nature of Inflammation. He began by stating that, as inflammation had its seat in the minute and capillary vessels, he should premise his observations on the principal subject of his paper by a few remarks on the nature of those vessels. He would commence by giving

An Idea of the Circulation.—He viewed the veins, heart, and arteries, as the mere *machinery* by which the blood was conveyed to those vessels or channels (as he considers them), in which the real object and functions of the circulation are performed. In and by these channels the various tissues, with the exception of the non-vascular, are *irrigated*, and functions which may be compared to those of an irrigated meadow are accomplished: aeration takes place in the pulmonic; nutrition, secretion, &c., in the systemic. He proceeded to treat of

The true Capillary Vessels, or Blood-channels.—The veins and arteries are arboriform. The former resembling the roots, the latter the branches, of a shrub or tree. They are linear. The minute arteries in the web of the frog never anastomose; the veins very rarely. They pursue their course over the tissues. The blood-channels, on the contrary, unite and divide continually, pursuing no linear course, but a course modelled, as it were, upon the minute structure of the part, and therefore peculiar to it. There was no proof that these were distinct vessels; many facts led, on the contrary, to the opinion that they were mere channels formed in the tissues.

The Pulmonic and Systemic Blood-channels.—These, with the mesenteric, and indeed with those of each and every tissue, were peculiar and characteristic; a fact described and depicted in an Essay on the Circulation many years ago, and recently particularly brought into notice.

Function of the Blood-channels.—This was one of *irrigation*. As from the internal surface of the stomach and intestines, so from that of the blood-channels, exosmosis takes place, and nutrient and secernal vessels arise, and perform their various and appropriate functions.

The Intermediate Position of the Blood-channels.—The blood-channels are placed intermediately between the arteries and veins, and between these and the various nutrient, secernent, and absorbent vessels. M. Berres, of Vienna, has called them the *vasa intermedia*.

The Influence of the Nervous System is exerted on the heart, the secernent vessels, &c., and in a *secondary* manner only on the blood-channels, and probably on the minute arteries, and certainly on the minute veins.

Non-vascular parts are nourished by endosmosis; a process apparently influenced by the degree of energy of the circulation.

The author now came to

The First Phenomenon of Inflammation.—This, judging from the circulation and the effects of physical and chemical agents, as seen under the microscope, appears to be *adherence* of the blood-corpuscules to the internal surface of the blood-channels, induced by a physical change in the blood, or in that surface. Hence *obstruction* to the flow of blood, and hence—inflammation and its phenomena.

If we place a ligature on an artery or a vein, what are the phenomena produced? What are the effects of this obstruction? Are they not hypertrophy of the vessels tied; are they not hypercrisis, or augmented secretion, according to a new-old doctrine; hyperexosmosis, &c. &c.? and are not these the identical phenomena of inflammation? Have we not enlarged and new vessels; secretions or separations from the blood, of serum, lymph, pus,—and effusion of blood itself, in ecchymosis?

But, further, the blood itself is changed sometimes as the *cause*, sometimes as the *effect*, of inflammation. In the latter case we have the buffy coat, and augmented fibrine. We have, also, augmented tolerance of blood-letting, mercury, antimony, &c.

Mr. Crisp could relate one fact which bore upon Dr. Hall's theory, and would illustrate its correctness with regard to the nervous power. A friend of his had a horse which was lame for months, in consequence of a sensitive state of one of the hoofs. The two nerves supplying the hoof were divided, and the lameness was entirely removed. In a few months, however, the hoof fell off.

Mr. Solly could not agree with the author respecting the anatomy of the capillaries. He believed that these differed essentially from arteries and veins, as they did not increase or diminish in size; but he thought they were possessed of coats, which assisted in carrying on the circulation. The loss of this power was the essential cause of inflammation. When these vessels were healthy, they might be likened to a leathern pipe; when diseased, to a leaden one. In the first there would be a greater facility of carrying on the circulation than in the last. The cause of redness in otherwise colourless parts was from the dilatation of the capillary vessels. The throbbing attending inflammation was the result of the increased action of the capillaries. It had been shown by experiment that it was easy to inject a bland fluid from the arteries into the veins; but when the fluid was of a stimulating kind, the capillaries contracted, and prevented the completion of the experiment.

Mr. Crisp believed that in inflammation the throbbing and pain did not depend on the quantity of blood which passed through the capillaries, but on the obstruction which existed producing increased action. Thus in a case of inflammation of the hand, the radial artery on that side beat more violently than that on the other. This, however, resulted from the obstruction which existed, and not from any increase in the size of the vessel.

Mr. Solly did not mean to say that the throbbing and pain were the result of the actual quantity of the blood passing through the capillaries; but in consequence of the want of resistance in these vessels, the force of the circulation was thrown upon the nerves, and produced the throbbing and pain.

Mr. Kingdon saw little difference between Dr. Hall's channels and Mr. Solly's vessels, if the latter gave way before so slight a pressure. The capillaries either way must be mere channels.

Dr. Risdon Bennett admired the ingenuity of Dr. Hall's views, but his theory did not explain some points connected with the capillary circulation. For instance, in what part of the network were situated the secerning vessels? Neither this theory, nor that advocated by Mr. Solly, explained in what way the different properties of the blood were eliminated, or how new products, such as pus, were formed from it. Neither did he see how the constitutional symptoms attending local inflammation could be explained by the mere mechanical blocking up of the vessels. It was known that soon after inflammation was set up, there was a remarkable change in the circulating fluid itself, that the fibrine was increased in quantity. There must, then, be an important change in the vessels which were the seat of inflammation. How did Dr. Hall's theory explain this?

Dr. Golding Bird, after alluding to the lucid and demonstrative manner in which Dr. Marshall Hall had propounded his views, remarked, that the most important question, *in limine*, was as to the existence of the blood-channels which this theory presupposed, whether, in fact, the canals through which the blood passed from the artery to the vein were active tubes exerting a vital influence on the contained fluids, or mere passive channels, allowing of mere exosmomic exudation through their walls formed by the very tissue they penetrated. The supposed fact of the contractility of the capillaries had been referred to as a satisfactory proof of their being independent vessels; the circumstance, however, related by Mr. Solly in its favour, was unsatisfactory, as whatever coagulated albumen or rendered their fluid contents less liquid, would check the circulation through the so-called capillaries. Dr. Bird conceived that Dr. Hall limited the normal function of his blood-channels to the office of repair and growth, there being a distinct series of structures composed essentially of cœcal tubes for peculiar secretions, as urine, bile, saliva, &c. He regarded these views of importance in connection with the observations of Professor Liebig, who had demonstrated the identity of the chemical composition of blood and muscular fibre; thus, by supposing that the blood pervades tissues through mere channels, we could more readily understand how, by a force allied to molecular attraction, muscles could increase by the mere addition of blood particles, than if we called in the aid of a special apparatus of tubes and capillaries; and if the researches of Dr. Barry, on the presence of a fibre in the blood-disc, were admitted, we had, by a combination of these three circumstances, the growth of the fleshy mass of the body rendered much more intelligible. Again, under the influence of inflammation, we did not require a special secreting apparatus to explain any of its phenomena; for, in addition to those alluded to by Dr. Hall, the effuson of serum, lymph, or pus, the ordinary products of inflammatory action, can be understood on the hypothesis of the capillary system, being mere passive conduits for blood; *for every one of such products exist ready formed in the latter.* Thus, in the effusion of serum, we had the exosmomic effusion of the watery constituents of the blood; in the deposition of plastic matter, an instance was afforded of the exudation of the self-coagulating liquor sanguinis, which is thus drained off from the blood-discs, whilst the so-called secretion of pus was resolved in the mere escaped of altered blood-corpuscles floating in a serous fluid; and in support of the latter view, Dr. Bird alluded to the fact of pus containing nearly as much iron as coloured blood; and in supporting the correctness of the views of Andral on the excess of self-coagulable albumen in inflammatory blood, he stated that this was not new, having been taught at Guy's Hospital for the last ten years.

Monday, October 24.

Dr. Clutterbuck, after alluding to the importance of the subject under discussion last Monday, and to the great variety of theories which had been advanced for the purpose of showing the nature and cause of inflammation, remarked, that the aid acquired by the microscope in our researches was so liable to mislead us, that he should distrust any evidence derived from such a source. Wanting confidence, then, in this mode of proceeding, he could not receive the facts advanced by Dr. Hall in support of his doctrine. As far as he could understand, the theory of Dr. Hall accorded very much with that of Boerhaave, who thought that obstruction in the capillaries was the immediate cause of inflammation; this, in fact, was

Dr. Hall's idea of the matter; the two physiologists, however, had arrived at the same conclusion by different routes. Looking at all the phenomena of inflammation by those means which we naturally possessed, he (Dr. C.) considered it quite inconsistent to regard obstruction as the cause of inflammation. Everything tended to show that there was an increase of action in the vessels of the part, depending upon some morbid change in them. The proof of this increased vital action was to be found in the increased sensibility, the increase of bulk, and other sensible phenomena, which were to be accounted for in no other way. That there was not obstruction in inflammation, was proved not only by the swelling of the part, but by the fact of the blood circulating through it; for should the circulation be impeded, the florid colour observable in inflammation would not remain. Besides, the veins coming out of an inflamed part were enlarged in size, and there was increased fever and increased sensibility. Dr. Hall had said that the heart was the only propelling power, and attributed the increased bulk of the inflamed part to the increase of the *vis a tergo*. Now, in inflammation, generally, there was no increased action of the heart, which was quiet, while the circulation in the inflamed part was still excited. When this was severe, the constitutional disturbance, which, however, was not essential to inflammation, followed, and this disturbance arose from some change in the vessels of the part. The theory suggested nothing new with regard to practice.

Dr. Thomas Williams recollected that Dr. Hall thought the doctrine of inflammation under discussion, in his lectures at the Webb-street School. Until then, he (Dr. W.) never knew what inflammation was, for the rubor, calor, and dolor were mere effects of a cause, previously obscure, but then demonstrated by Dr. Hall. He thought there could be no doubt of the accuracy of Dr. Hall's statement, that obstruction in the capillaries was the cause of inflammation. He thought, however, that Dr. Hall was in error in thinking that the "blood-channels" had no coats, as he (Dr. W.) believed these had been demonstrated to exist by several German microscopists. The mode of development of the capillaries also favoured the opinion that they had coats. A capillary was formed by the agglutination of vesicles to each other, the approximating sides of which becoming absorbed, at first formed a simple channel, which afterwards, he believed, became organised, the same as the largest vessels in the body. He was aware that some German writers had followed the view of Dr. Hall regarding these channels, and Müller had stated that he had seen blood extravasated into the interlobular substance of the liver of the salamander; he (Dr. W.) had made observations on this point, but never saw such extravasation. Inflammation, as he (Dr. W.) had observed by the microscope, essentially depended on the sticking of a blood-corpuscle to the side of the vessel; this effectually prevented any other particle from getting abreast of, or beyond, it. In this respect he differed from Dr. Hall, who thought the channels dilated, and that there was an aggregation of particles at the inflamed part. He (Dr. W.) had never seen such an aggregation, and believed that one corpuscle filled up the calibre of the channel, and merely obstructed others from proceeding.

Dr. Chowne had not yet heard sufficient to induce him to change the opinion he had formed respecting the anatomy of the capillaries; an opinion based on the experiments of Leuwenhoek, Spallanzani, and Müller, who all regarded the capillary system as a system of vessels which had coats. They had seen these coats, and one affirmative would counterpoise a variety of negatives. He had on one occasion seen the kidney of a squirrel, the soft parts of which had macerated away, leaving the capillary system entire. How did this accord with the view that the capillaries were merely coatless channels?

Mr. Dendy said, that Sir E. Home used to teach that the capillaries were mere channels. He thought Dr. Hall's theory explained the effects of remedies in inflammation.

Mr. Kingdon remarked, that, after all, Dr. Hall's theory failed to explain two important points in the question. First, as to how the blood got from the blood-channels into the veins, and why, if these channels possessed no walls, the circulating fluid did not get into the cellular tissue. Dr. Hall had not explained on what cause the obstruction of the first globule depended. This was not known, and he believed never would be.

Dr. Risdon Bennett related the following experiment performed by Mr. Wharton Jones:—Some carbonic acid was brought into immediate contact with the capillaries; the circulation of the blood through them was instantly arrested. Was this dependent upon the action of the carbonic acid on the capillaries, or upon the blood itself? He believed that the change was effected in the blood itself.

Dr. Marshall Hall observed, that he agreed with Dr. Clutterbuck in all he had said. There was, doubtless, augmented action, sensibility, heat, &c., in an inflamed part. The difference between them was this; Dr. Hall had attempted to assign a *cause* for these phenomena, which Dr. Clutterbuck had not done. Dr. Hall had stated a fact, viz., that in the web of the frog, in which the phenomena could be observed under the microscope (which important aid in our investigation he did not, with Dr.

Clutterbuck, reject, because error had been committed with it; for as well might we reject the aid of our eyes, which do not all, and always, see alike, and of our judgment, of which it has been said,—"Our judgments are like our watches, none go just alike"). If we induce a state as nearly resembling inflammation as possible, the first thing noticed was an adherence of the blood-globules to the inner surface of the blood-channels; then followed obstruction in the circulation of the part, the flow of the blood being at length entirely arrested. We have, then, if we may argue from this fact, obstruction to the circulation. Hence we may deduce the other phenomena of inflammation, augmented action, hypertrophy of the vessels, hypercrisis, or augmented secretion, nutrition, &c., merely by considering the phenomena, seem to arise from an obstructed artery or obstructed vein. It is the suggestion of this proximate *cause* of inflammation, and the illustration of the phenomena of inflammation by this *analogy* of an obstructed artery or vein, which he (Dr. Hall) had been desirous of bringing before the society for discussion. In reply to Dr. Williams he would merely remark, that what he had stated he had also seen: he had seen the blood-globules adhere to the inner lining of the blood-channels; he had seen them crowd together in great number, two, four, six, eight, dilating the channels which contained them; nay, in this manner sometimes assuming the form of minute ecchymosis, another analogy with inflammation. As to the blood-channels themselves, he had not, as Dr. Williams had said, affirmed in his original essay that they were mere channels; and even now he begged to repeat that their form did not resemble the linear form of vessels, and that he had never been able to detect any proof or evidence of their being such. Dr. Williams had mentioned the recent detection of forms of capillaries in the different tissues appropriate to each; but he (Dr. Hall) had both described and depicted the general or systemic, the pulmonic and the mesenteric forms of these vessels in his Essay on the Circulation. Dr. Williams had further noticed a new theory of inflammation, referring it to altered nutrition, endosmosis, &c.; but this very theory was that which he himself had long ago (1836) sketched and pointed out in his "Principles of the Theory and Practice of Medicine;" and if he had not prosecuted the subject, it was because his attention had been almost engrossed with another subject which, as the members knew, had recently engaged the attention of the society. He (Dr. Hall) was much interested in the experiment mentioned by Dr. Bennett, as having been made by Mr. Wharton Jones. He himself had frequently proposed to make that experiment in conversation with his friend Mr. H. Smith, and others. It admirably illustrated the effects induced in asphyxia, and was doubtless an instance of endosmosis. He had seen the application of mere water induce stagnation in the pulmonary circulation, when the general circulation had become languid, doubtless on the same principle. To Mr. Kingdon's question Dr. Hall replied, that it was easy to trace the blood from an artery, along blood-channels, into the vein. Possibly the artery and vein might be continuous originally, as in the fin of the fish. They might be drawn asunder and separated during growth, and the blood might have to permeate, as it did irrigate the tissues, in passing from the last branch of the artery to the first root of the vein. Dr. Hall concluded by remarking, that in the web of the frog, where they could be *seen*, the minute arteries did not anastomose, that the minute veins anastomosed very rarely; whereas the characteristic of the blood was perpetual anastomosis, affording the appearance of a reticulum, or network, well suited to irrigation, and better resembling vessels linear in their character and form. He added, that when the blood was stagnant in the web of the frog, this stagnation was frequently removed by gentle friction; hence the use of friction in certain forms of inflammation.

Monday, October 31.

Dr. Hughes Willshire could answer the question of a speaker who did not agree with Dr. Hall, that the blood-channels were coatless. This question was to the effect, that if the channels had no walls, how was extravasation into the neighbouring tissues prevented? why, in fact, did not such extravasation take place as was observable in wounds. He would reply, that this extravasation was prevented by the vital molecular action of the blood in its course, but which, when a wound took place, was interfered with, extravasation being the result. The circulation in some of the lower order of vegetables corroborated this remark.

Mr. Headland considered that the "blood-channels" of Dr. Hall would be so uncertain in their action, if, as he thought, they were without tunics, that the circulation could not be properly carried on by their agency. The cause of inflammation might occasionally be dependent on the sticking of a blood-corpuscle to the side of a "blood-channel," but that was not sufficient in itself to explain all the varieties of form which inflammation took on, such as the erysipelatous, the phlegmonous, and the gouty. The results of inflammation also pointed to other causes than that specified by Dr. Hall.

Mr. Proctor: The kind of inflammation which was set up would depend much upon the influence of the nervous system, and the predisposition of the individual affected.

Dr. L. Stewart: Much difference of opinion arose from the speakers not keeping the proximate cause of inflammation distinct from the exciting cause.

Dr. Copland: The question as to whether the blood-channels had coats or not, had been for very many years *sub judice*. As to the cause of inflammation, the theory advanced by Dr. Hall was older than Boerhaave, and bore a great similarity to the *error loci* of that writer. Sprengel had spoken of the adherence of the blood-corpuscle to the side of the capillary vessel thirty years ago, as a cause of inflammation; and thought the phenomenon depended on a change which had taken place in the polarisation of the globules of the blood. He (Dr. Copland) thought that there might be adherence of the blood-corpuscles to the sides of the vessels in some kinds of inflammation; but even that might be merely a contingent and secondary effect, and would by no means explain the different varieties which obtained in inflammation. Those varieties, he thought, were dependent on the different changes the blood underwent, on the different influences which had been exerted on vital action, and on the kind of tissue affected. He considered that an injection which he had seen made by Mr. Kiernan proved that the capillaries had some kind of coat, however thin it might be. He had seen an injection made by that gentleman into the albuminous substance consequent upon inflammation of the peritoneum. The blood was observed to pass from the capillary vessels into channels of larger character, but still distinct channels. Had there been no coats, the blood would have been extravasated into the surrounding soft substance, and not retained in the channels.

A few words then fell from Dr. Hall, and the debate closed.

British Medical Association, Exeter-Hall, Nov. 1, 1842, Dr. Webster in the chair:—Scrutators were appointed to examine the balloting paper for treasurer, auditors, and thirty-two councillors, for the ensuing year.

Letters were read from Dr. James Mactear, secretary to the Glasgow Medical Association; Mr. C. H. Higgins, secretary to the West Somerset Medical Association; and Mr. H. G. Day, of Isleworth, secretary to the Brentford Medical Association, on the formation of the One Faculty. Other routine business having been transacted, the meeting adjourned until Tuesday next, Nov. 8, for the particulars of which see the advertisement of the Association on the cover of the present number of The Lancet. The subject is also referred to at page 220, of this week's publication.

THE LANCET.

No. 1001.

London, Saturday, November 5, 1842.

If we considered that too much stress could be laid upon the existing defective systems of medical education and government, we might hesitate before advancing another word on such disagreeable subjects. But we cannot refrain from dwelling upon evils of such enormous magnitude. The system is one of torture to the student, of continued annoyance to the practitioner; and the life of a gentleman who is engaged in active medical practice, is one of unceasing anxiety and responsibility. A wise Legislature would have deemed it prudent to make a smoother path for him to pursue; but his entire road, from the moment when he commences his medical studies, to the period when he terminates his professional life, is beset with stumbling-blocks and difficulties.

In the church and in the law, how differently situated are the candidates for emolument, distinction, and renown. Offices are to be there acquired, of the value of twenty thousand pounds per annum, and the possessors of them occupying the highest seats of honour and dignity. In medicine, every now and then, it is true, we find an eel-backed, intriguing courtier converted into a baronet; but *merit* is not selected for distinction or reward; and students and practitioners in medicine scarcely know why it is that they are engaged in their studies, or are enduring a life of toils, anxieties, and responsibilities.

Within the last thirty years many changes have been made by the medical corporations, with the avowed object of benefitting the public by improving the means of instruction in the hospitals and medical schools. Thus, of late years, every fresh medical session has brought with it some new-fangled "regulations" of the Hall, or College, and some additional movement in the teasing and plundering certificate system. We have watched

these manœuvres and proceedings closely, and it is our firm conviction that the contrivers and managers of them have at last invented and executed an apparatus FOR EXTORTION, which is unsurpassed by any similar contrivance in the universe. Nevertheless, the students are bound to submit to it, or they cannot become medical practitioners *according to law*. We advise them to conform with the injunctions which it emits forth; but, nevertheless, they ought, in reason and justice, to condemn, to denounce it, as the most odious of legalised annoyances and exactions. While they comply with the mandates of the authorities, so long as they are students, they ought resolutely to determine to effect an improvement in the system when they become medical practitioners. It is by entertaining correct feelings and thoughts in *early life*, that men are enabled to accomplish so many good works under the influence of a mature judgment in after years. The *youthful* mind is at once forcibly struck with the effect and operation of acts of injustice. Such impressions are lasting, and produce precisely that amount of annoyance which is calculated to bring forth some powerful efforts for its removal. *Can* the medical students of this metropolis be insensible to the manner in which they are at present victimised, under the influence of the baneful and iniquitous certificate system? To suppose them to be indifferent to such a wrong, would be to require us to imagine that their minds are too doltish to enable them to distinguish the difference between truth and falsehood, and honesty and knavery. Instead of offering brilliant rewards to the students who resort to the hospitals and schools for the purpose of acquiring a knowledge of the profession, the councillors of the Colleges and the Examiners of the Hall check and restrain their energies, by thrusting into their hands a tabular view of extortionate arrangements, which violate alike every feeling of justice and every dictate of common sense. Before the examination can be had for the diploma of the College or the licence of the Hall, the student is informed that he must produce "certificates of attendance" at lectures upon anatomy, physiology, surgery, chemistry, materia medica, practice of medicine, midwifery, botany, demonstrations of anatomy, attendance on the practice of surgery in an hospital, and on the practice of medicine in an hospital, infirmary, or dispensary, and others too numerous to describe. Yet it may be remarked, that the vastly important subject of *comparative anatomy* is altogether omitted, as embodying a distinctive claim to entitle the candidate to an examination. The number and length of the courses of lectures are also minutely described, and we might really imagine that the wise, prudent, and sagacious law-makers of our Colleges and Hall had gauged the heads of the students, and carefully ascertained the quantity of rigmarole, nonsense, and undigested, ill-arranged facts and theories which could be stuffed within the walls of every living skull. Fortunate is it that every student who is endowed with a capacity for thinking must know and feel, on going through this daily drudgery, that he is plundered, that he is robbed, by the system. How can it be otherwise, when he finds, by constant experience, that he is called upon, hour after hour, throughout the day, to attend at lectures, which it is physically and morally IMPOSSIBLE that he can arrange, methodise, and comprehend. Were the lecturers chosen in consequence of their capacity, their effective power of communicating information, the case would then be different. It would not be so utterly hopeless, not so annoying and perplexing, as it is under the existing circumstances. With many of the lecturers, matter, manner, *all* is bad. Others have nothing to communicate,—nothing that they can call *their own*; but they have the ill-assorted ideas of some ancient or modern writers, *committed to a paper*, which they *endeavour* to read, but with a wretched and tiring effect. The complaints of the students relating to the disqualifications of the lecturers, flow in upon us continuously. One is complained of for imperfect enuncia-

tion; another for speaking in a whisper; a third for not adopting some method in his discourses. Still the students are compelled to *pay* for their tickets of admission to places where they are so much annoyed, because "certificates" of attendance at such places must be produced before the candidates are admitted to an examination.

Why is this system of extortion tolerated by an intelligent community, and before the face, and in the presence, of the Imperial government?

We reply, again, that it is because the profession is *not true to itself*. The members of the professional body omit to make those just and rational efforts which would exchange such a system of imbecility and roguery for one that should be signalised by wisdom and justice,—one that would offer an invitation to minds of the greatest capacity to enter the profession, and utterly to repudiate a series of intriguing contrivances, which, whether framed for such base purposes or not, certainly have the effect of robbing the student of his time and money, and of rendering his engagements at the schools the sources to him of the most extreme vexation and annoyance.

The medical students of the University of London are now pursuing their labours in the *fifth* week of the session 1842-43, and their complaints already announce to us the nature and number of their vexations. There are men, professing to be educated, and to claim for themselves a knowledge of human affairs, whose minds are so flimsy that they deprecate the severity of our denunciations against the monopolists! Is it not true that even the multitudes of all civilised nations are raising their voices against monopolies in trade and commerce? A thousand times more baneful and detestable is that kind of monopoly which enables a few men, for their own profit and advantage, to circumscribe the limits of instruction, and to offer to the inquiring appetite of the student no other repast than is provided by a niggardly, clownish, culture of an uncongenial and naturally barren soil. The more the students examine this important subject, the more fully will they become impressed with the evil tendency and dishonesty of the existing "ticket-and-certificate" system. They *must* become, with us, the advocates of a perfectly free code of medical education,—securing an easy access to all public institutions in which a knowledge of the profession may be acquired, ultimately, testing the capacity of the candidate for professional honours by the quantity and quality of his knowledge, and not by the amount of money of which he has been plundered, or the number of vexations and annoyances to which he has been subjected in the schools.

This is the doctrine which we have now maintained during nearly twenty years. That it has been promulgated with advantage, is evident, not only by the declarations of the advocates of changes in medical affairs, but by the admissions of the hired agents of the monopolists, and also by the symptoms of disquietude which have become so evident in the Council-rooms of the Colleges.

We repeat, that the medical students of this metropolis are now in the *fifth* week of the session 1842-43. They have at this time a full opportunity of comparing what is daily performed before them for their instruction, with the promises which were made to them in the prospectuses. They, therefore, have now ample means of forming a correct judgment as to the capabilities of their instructors. The complaints of many of them assure us how deeply they have been deceived, how grievously they are annoyed. But our advice, earnestly and sincerely offered, is, that they should not be disheartened, or dismayed, but labour with redoubled energy and perseverance, so as to enable them to overcome the difficulties by which they are surrounded.

A SUMMARY of events relative to "a vacancy" in the office of Coroner for the County of Staffordshire, and of certain proceedings announced as being about to be taken thereupon, forwarded to us by a cor-

respondent, was published in the last LANCET, page 188, as a piece of intelligence relating to an event which always commands more or less of attention from the profession; but we confess that we do not distinctly comprehend the arrangements which are said to have been adopted by the magistrates, or the exact "divisions" which are designed to be made in the county. In the first place, there is *no law to empower the magistrates to divide the county of Stafford into any such districts as are proposed.* When a Coroner is elected, excepting in the Counties Palatine, he is elected for *the whole county*, and the public may command his services in every portion of that county, unless he be excluded from officiating in particular parts of it, as in cities and boroughs, by charters, or ancient usage, or by the Municipal-Corporations Act. The magistrates of this kingdom have, of late years, displayed some very peculiar freaks with reference to Coroners and their duties; and the impotence of the notions and measures which those gentlemen have adopted, offers no sufficient apology for their impertinence. The office of CORONER is by far too important an institution, for the protection of human life by the prevention or detection of crime, to be managed or controlled by persons of the capacity and experience of the magistrates.

We shall go into this subject on a future occasion, and discuss it thoroughly, because we are confident that the more it is investigated, the more the public will consider that Magistrates and Coroners should act, in their respective situations, *independently of each other.* Violate this principle, and the utility of the office of Coroner is gone. It must thenceforward cease to be a protection. In fact, by holding out a false and deceptive "security," it might become a prolific source of mischief, instead of being a shield for innocence, and a powerful engine for the detection of crime.

There are several candidates for the "vacant office" in Staffordshire. As is customary on similar occasions, gentlemen both of the medical and the legal profession are in the field. Public attention, therefore, in that county, it is to be hoped, will be fully and fairly directed to the subject, with a view to determine, by a rational course of reasoning, whether medical men or lawyers are the best qualified to occupy the office. An experience of nearly four years in the metropolitan county,—an experience which has now extended over thousands of inquests,—enables us to state, with that degree of confidence which actual practice and personal observation justify, that no man should ever be elected to the office of Coroner, who has not received a *medical* education; and we deliberately add, that it cannot be in the power of such a man,—that it is not compatible with the intellectual attainments of such a person,—to execute in a manner which should be worthy of general confidence, the duties of his office.

A Coroner who does not possess *medical* knowledge is placed at the mercy of every *medical* witness who is called before the court. We hold it, therefore, to be of paramount importance, with regard to the due discharge of the duties of the office, that its possessor should, in every instance, have received a competent education in the science of medicine, including, of course, the subject of chemistry. Illustrations in proof of this position might be given to the extent of volumes. What say *the jurymen* on the subject? Let them be asked in all the counties where medical Coroners are to be found. Of course, we do not intend to convey any censure on the personal character of the Coroners who belong to the legal profession. We know many of them to be gentlemen of the highest respectability, and entitled to occupy a prominent position in the first ranks of society. Instead of condemning us for what we have stated, the admissions of a large number of those gentlemen furnish us with the most ample justification for the opinion which we have advanced. They *know* their incompetence, and have candidly acknowledged it.

There exists in Staffordshire a disposition to test the merits of the contest on *financial*

grounds. The question, on such a basis, presents few features of interest; and it is one of too much magnitude to be adequately considered on so limited a foundation. Take it, however, on financial grounds; try its merits by that pettifogging and paltry test. Do the medical Coroners shrink from the investigation? Do they dread the inquiry into pounds, shillings, and pence? We believe that the county of Middlesex presents a fair specimen of what is passing in other places. How do the accounts for the two Coroners for that county stand, as they are presented before the Justices in Quarter Sessions? The disbursements of the *attorney* Coroner are one-third greater than those of the *medical* Coroner. And why? Because the former is obliged to incur more than three times as much expense, *for the payment of medical witnesses*. At numbers of inquests, of course, it necessarily happens that a medical Coroner, from his own professional education, can often determine whether medical testimony is necessary, where an *attorney* Coroner would find it *impossible* to proceed one step without the evidence of a medical practitioner. Frequently, be it observed, when an attorney Coroner has heard medical testimony, he is *guided* by it, *led* by it, *controlled* by it, just as it has fallen from the lips of the witness, without having had a clear and distinct knowledge of any one medical sentence that has been uttered.

If the public resolve on not electing gentlemen who have received a medical education, we advise them to apply to Parliament for the *abolition* of the office. Far better would it be that such an office did not exist, than that incompetent persons should be allowed to occupy it.

THE report of the trial JOCE *versus* SHAPLAND, inserted at p. 209, of this week's LANCET, will be read with painful interest by general practitioners. The RECORDER, undoubtedly, had the power of directing the plaintiff to be nonsuited, on the ground which was maintained by the defendant's advocate. He had also the power of acting otherwise, and of directing the trial to proceed, taking a note of the objection, that sufficient proof had not been offered as to the identity of the seal of the Company. Had such been his decision, and the plaintiff had recovered a verdict, the case must have gone before the Court of Queen's Bench, on a motion for a new trial, or for the nonsuit of the plaintiff. What would have been the decision of that Court it is impossible to state, but we believe that it would have decided for the nonsuit, in conformity with the general practice of the law in such cases.

This result must be a most annoying one to Mr. JOCE, who is, we believe, a highly respectable surgeon. A doubt may now arise that his licence is not a genuine document, and the payment of many of his accounts may be resisted, by unprincipled persons, on that unjust and false speculation. The dictates of common sense certainly produce the conviction that the evidence of the authenticity of the seal was quite conclusive; but law, common sense, and justice, do not hold any very intimate connection in this country. The only effectual remedy to prevent a recurrence of the injustice which Mr. JOCE has sustained, would be the enactment of a short Bill, by the Legislature, compelling all judges to admit *the seal* (on the production of such evidence as was produced in this case) as sufficient proof of the authenticity of *the licence*. If a fraud be committed in any such case, a remedy for it could be supplied on an application to a superior court.

THE anniversary meeting of the BRITISH MEDICAL ASSOCIATION is to be held at the BRITISH COFFEE-HOUSE, Cockspur-street, on TUESDAY evening next, the 8th of November, on which occasion the ANNUAL ORATION ON MEDICAL REFORM will be delivered by Mr. GRAINGER. The business is advertised to commence at SEVEN o'clock precisely. It is to be hoped that there will be a full attendance of the mem-

bers, as the proceedings of this Association cannot fail to have a considerable effect on the views and measures of Parliament.

This Association, from its birth, has kept steadily in the right path. The proceedings have not been characterised by trickery or by shuffling. The Council, and the members generally, have boldly and courageously encountered the abuses of the Colleges, the imperfect state of medical law, and the absence of a just legal protection for medical practitioners in the exercise of their professional rights, and it has resolutely and perseveringly pointed to the only substantial and effective remedies. Such an association is entitled to the respectful confidence of the profession, and if that confidence had been withheld, it would have proved, indisputably, that the medical men of this empire were either wholly indifferent to their best interests, or were ignorant of the means by which they could be recovered and maintained.

SHORT LABOUR AND GOOD HEALTH.

Mr. J. H. Curtis, of No. 2, Soho-square, in a letter, in relation to which we are unable at present to afford more room than this brief portion, expresses his satisfaction that "some of the measures recommended by him in 1839, in the 3rd edition of his work on the 'Preservation of Health,' [with respect to the sanatory condition of the general population of these kingdoms, are likely to be carried into effect;" and he recognises among them the recent movement of the bankers of London on behalf of a general closure of their establishments against public applications after four o'clock in the afternoon. This proceeding Mr. Curtis alleges that he originated, and shows how beneficially the shortening of the day-business by one hour will operate on the health of the clerks, the changes being proposed to commence on the 1st of January next. Mr. Curtis adds, that, acting under a belief in the advantages of cutting shorter the labours of the great body of *employés* in London (as well as elsewhere), he has "already obtained the consent of many of the principal linendrapers in the metropolis, as he did the bankers, who have almost unanimously agreed to close their shops earlier than at present." He continues, "I purpose extending the attempt to other trades. * * * Another class of persons, notoriously overworked and underpaid, hundreds of whom annually sink into the grave, exhausted by privations and disease, engendered by close, impure air and long-continued labour, are the milliners of this vast metropolis. This class I despair of relieving by the ordinary modes, and in the belief that they deserve the protection of Parliament to the full as much as the factory girls, I have obtained a promise from a friend that he will introduce a Bill next session to regulate their hours of labour." Mr. Curtis proposes, also, that now that a large area of the Regent's Park has been thrown open, and arrangements are made for constituting other parks in the metropolis, those places should be made to contain other temptations to visit them, as regards the public generally. "Many persons living at a distance would feel an unwillingness to visit them and stay any time unless the means of procuring refreshment, which at present do not exist, should be at hand, as on the continent. If Government were to erect one or more casinos in each of the parks, the expense would be more than covered by the rents paid for them, and a great corresponding benefit would result to the public. Conveniences of another kind might be erected in different parts of the enclosures, with advantage."

A MAN WITH THREE TESTICLES.*

W. H., an Englishman, aged twenty years, was brought before me on the 28th Sept., as a recruit for the 35th regiment. Looking at him in a state of nudity, my attention was at once attracted by the scrotum, which seemed fuller on the right side than on the left, when the following facts were noted down upon the spot.

The scrotum was corrugated, as in a healthy man, so that the difference between the two sides was very striking. One testicle was in its proper place, on the left of the raphè, perfectly natural.

On the right of the raphè, and on the level of the former, another testicle was found, in all respects similar to that on the left, and its proper counterpart; but on this side of the scrotum another body was felt, similar to the other two in size, form, feeling, and consistence, a third testicle, within the scrotum, between the groin and the proper testicle, with which, however, it did not seem to be in immediate contact, but to be suspended by a shorter cord, or hung up in a separate sac, as if it had dropped from the abdomen after the other, but not so low in the scrotum as to touch it. On the left side the spermatic cord was perfectly natural, and easily traced from the groin to the testicle to which it belonged.

On the right side, however, the cord (much thicker than natural at its upper part) consisted of two cords, one distinctly traceable into the upper testicle, and the

* Abstract of a memorandum printed by the author for circulation.

other into the lower. And it is to be particularly noted that in each of those parts, as well as in the cord on the left side, the vas deferens could be distinctly felt, like whipcord. The three testicles, therefore, were to all appearance, perfect, and similar to each other. The penis was well formed, extremely dark, and well furnished with black hair; in fact, there was about the man every indication of efficiency so far as the parts of generation were concerned, and he appeared strong, active, and well made: his height was sixty-nine inches, and the circumference of his chest thirty-five. The third testicle had occupied, he said, its present situation as long as he could remember, and without inconvenience. There was no laxity of the inguinal rings on either side. On the following day, with the assistance of Dr. Colclough, assistant-surgeon to the 3rd Dragoon Guards, now in garrison here, every particular of the foregoing detail was fully confirmed. Adverting to the symmetrical arrangement of the body, I think it very probable that in this and other similar cases a fourth testicle may exist within the abdomen. Similar cases have, I am aware, been recorded by other persons, but having no books here, I cannot remark on their peculiarities, or on the comparative rarity of such occurrences. I have myself, however, professionally examined many thousands of men, and never met with a similar example.

The man was rejected as a soldier, in consequence of marks of leeches and cupping; which, together with his general appearance, led to the suspicion that he was a deserter; this, however, he denied, and in the absence of more direct proof he could not be detained.

F. MACANN, Staff-surgeon.
Recruiting Depôt, Coventry,
Oct. 15, 1842.

NOTE FROM DR. COLLIER.

To the Editor of THE LANCET.

SIR,—My thanks are due to you for volunteering the tedious duty of sole arbitrator on an *exparte* statement of a distributive claim, and, most certainly (if convinced of the propriety of such an ordeal), twenty years' observation of the conduct of your Journal would induce me to believe that I might go farther and fair worse; but you must allow me to remind you, how often you have declared that he who has given a premature verdict on the merits of a case is disqualified as an arbitrator in such case; inasmuch as he must either affirm or reverse his own decision. May I be allowed further to remind you, that my first letters were endorsed with a request that, if deemed of insufficient interest to your readers, they might be committed to the flames, or thrown into "dunce's corner;" a circumstance that must show how little I was disposed to view my claims through the magnifying glass of vanity.

Besides, I have the misfortune of differing with you *in limine*, for I am not the attacking party. If I civilly suggest to you, Sir, that you have taken my hat in mistake for your own, I apprehend that *I* am on the defensive, and that *you* are the invader, until you show me that the error is mine, and not yours. It is nothing to the purpose that mine is a bad hat, and yours a genuine beaver, and better lined. For your other offer of a gratuitous insertion, I also have to record my thanks. During the twenty years I have had occasion to advertise or to insert fly-leaves in a journal, as a means of communicating with the public, I have been wont to pay handsomely for the accommodation, and should I again avail myself of such a medium (which, in reference to the former letters, would *in effect* be a sort of argumentum *à posteriori*), I should certainly go upon the old plan, and, for a numerical reason, give yours the preference.

If you have inserted a line of mine which does not suit you or your readers, it is your own fault, and no one can regret it more than I do. I write not for mere self-gratification. I will not ask for the insertion of any other letter, unless distinctly called upon, and left to write in my own way. You can suppress this if you think fit, but if you do so, it cannot be on the score of its length, or of its illegibility. My first paper, on Galen's experiment, referring to the vital force of arteries, was published in 1819 or 1820, in the "Medical and Physical Journal." But the whole will pass before you and your contemporaries *once more* in review. I remain, yours obediently,

G. F. COLLIER.
Spring-gardens, Oct. 29, 1842.

*** First of all, the case on which we should have had to decide would not have been *exparte;* for, although Dr. Collier would have presented only *his* side of the question, *Liebig's* we already possess. Secondly, instead of "*dis*qualified" (if such an editorial declaration is to be found in our volumes in any shape), most certainly the quotation should have been *less* qualified. But in the present instance the question was simply one of *facts*, with which prejudice could have no concern. As the matter *now* stands, Dr. Collier has chosen *himself* for his arbitrator,—a measure of settlement which *the public* can regard with no confidence at all. Thirdly, we said that the attack began on the side of Dr. Collier, and we refer to the date of his letter (LANCET, August 20, 1842, page 724,) for proof of the truth of the allegation. Fourthly, it was the unwieldly controversial matter which was *to come* that we would have hindered, or

abridged, by our proposal (Dr. Collier forgets also that there are *two* parties in every fight), not what is already recorded. Very many letters of Dr. Collier have been cheerfully inserted in THE LANCET. Finally, our columns are still open to a *summary*, which a couple of pages might contain, of Dr. Collier's claims, drawn up by himself, and according to his own fancy. If not supplied, we take leave now of the subject, at least amused with the good humour displayed by our correspondent in his various epistles on the subject.

THE LATE WEBB-STREET SCHOOL.

To the Editor of THE LANCET,
*46, Princes-street, Leicester-square.**

SIR,—Observing among your notices to correspondents of this week that a Perpetual Pupil of Webb-street School refers to you for information respecting the completion of his medical curriculum, I take this opportunity of informing him, through your Journal, that the perpetual pupils of the Webb-street School have been requested to consider themselves entitled to attend the lectures at St. Thomas's Hospital.

Advertisements have already appeared in the public journals to that effect, and I may refer your correspondent to Mr. Grainger for a corroboration of the above statement. I am, Sir, yours, &c.,

G. A. F. WILKS, M.D.,
Lecturer on Materia Medica at St. Thomas's Hospital.

Hart-street, Bloomsbury, Oct. 31.

"LIEBIG,—HIS CHYMISTRY AND REVIEWERS."

THE publication of a series of papers, extending to eight or ten in number, under the above title, will be commenced in the next LANCET. We believe that they will be found to contain matter which will prove highly interesting to the scientific world, and when we mention that they are from the pen of Mr. ANCELL, whose elaborate LECTURES ON THE BLOOD were published in this Journal,† we know that we state quite sufficient to obtain for them the closest attention from the readers of this Journal.

* How happens it (and of several other correspondents a similar question may be asked) that Dr. Wilks addresses his letter thus, when the most prominent object on the front page of the wrapper of THE LANCET is a notice to correspondents—repeated week after week—requesting that all communications to this Journal should be directed and forwarded to the Editor, at his residence, in Bedford-square?

† LANCET, vols. I. and II., 1839-40.

ANTERIOR OBLIQUITY OF THE UTERUS.

BY placing the patient properly, and by applying a bandage, any inconvenience arising during labour from this not unusual malposition of the uterus, is usually overcome. M. Chailly says, "But sometimes it is necessary to draw the cervix uteri forwards by the fingers of one hand, while the uterus is raised with the other. This reduction of the cervix should be effected during the absence of pain, but the fingers should keep the cervix forwards during contraction." We are inclined to speak even more guardedly upon this subject than M. Chailly does. In the very great majority of cases of anterior obliquity, Dr. Gooch's "tincture of time" is the best remedy. True, we may often draw the cervix forwards during the absence of pain, when it is very much tilted backwards from the anterior bearing of the uterus itself, but until nature herself has, perhaps by long efforts, placed the parts in a more favourable position, we can very seldom keep the cervix forwards with the fingers without such force as the nature of the case neither justifies nor requires.—*Med. Chir. Review.*

I HAVE frequently reduced very large splents in horses, both on the inside and the outside of the fore legs, and arising from blows or kicks on the large metacarpal bone, by a leaden compress, covered with leather, applied tightly, by means of a linen roller, or leathern boot, made to lace or buckle.—*Vet.*

ROYAL COLLEGE OF SURGEONS IN LONDON.

LIST of gentlemen admitted members on Friday, Oct. 28th, 1842, W. M. Dalgliesh, M. M. Bull, J. Rogers, J. H. Forster, H. C. Wildash, E. Moore, J. Wade, R. B. Penny, W. Dalton, J. H. Steele, R. Barnes, T. S. Lee.

BOOKS RECEIVED.

On Injuries of the Head affecting the Brain. By G. J. Guthrie, Surgeon to the Westminster Hospital. London: J. Churchill. 1842. 4to. Pp. 155.

Observations on the Anatomy and Physiology of the Blood. By T. Wharton Jones, Charing Cross Hospital School. 1842. Pp. 24.

Report on Results obtained by the Use of the Microscope. By James Paget, St. Bartholomew's Hospital. London. 1842. Pp. 51.

On Acute Ulceration of the Duodenum, in Cases of Burn. By T. B. Curling, London Hospital. 1842. Pp. 24.

Quacks and Quackery Unmasked, or Strictures on the Medical Art, &c. By J. E. Feldman, M.D. London: Nutt. 1842. Pp. 42.

The London and Edinburgh Monthly Journal of Medical Science. Edited by J. R. Cormack, M.D., Edinb., for Nov. 1842. London: J. Churchill.

The Veterinarian, to Nov. 1842. Edited by Messrs. Youatt and Percivall. London: Longman.

The Pharmaceutical Journal and Transactions, to Nov. 1st. Edited by Jacob Bell. London: J. Churchill.

The Chemical Gazette, or Journal of Practical Chemistry. Conducted by Wm. Francis and Henry Croft, late Students at Berlin and Giessen. No. 1, Nov. 1, 1842. A Fortnightly Periodical. London: R. and J. E. Taylor.

The Annals of Chemistry, Nos. 4 and 5. Weekly Journal. London: Longman and Co.

CORRESPONDENTS.

THE two papers of *An Old Correspondent* were received, and we thank the writer for the communications, but at this season of the year we are always precluded from inserting such essays, from the want of space attending new arrangements. Presuming that they should be inclosed for the writer, the request in his postscript has been fulfilled.

Judex.—It is very right to give the parties the "benefit of a doubt," but not to create the doubt in order to give it afterwards.

THE LATE WEBB-STREET SCHOOL.—*To the Editor.*—Sir, As the latest proprietor of the Webb-street School of Anatomy and Medicine, I feel called upon to answer the questions of a "PERPETUAL PUPIL" contained in the last number of THE LANCET. The school was not closed, either from its not continuing to flourish, or proving unprofitable, but in compliance with a wish expressed to me by my late colleague, Mr. Grainger, who had had offered to him the chair of anatomy and physiology at St. Thomas's School of Medicine, which chair he could not accept, unless the Webb-street School was closed. In answer to the other part of the student's inquiry, I have to state that a notice was advertised both in your Journal and in the "Medical Gazette," stating that those gentlemen who had entered as perpetual pupils to any of the lectures at Webb-street, were entitled to attend the lectures either at St. George's School of Medicine, to which school I am attached, or those at St. Thomas', where Mr. Grainger lectures. I am, Sir, your obedient servant, W. VESALIUS PETTIGREW, Lecturer on Anatomy, Physiology, and Descriptive Anatomy at St. George's School of Medicine.—1, King's Parade, Chelsea, Oct. 31, 1842.

The reply to the letter of "Blundellulus," signed *An Old Pupil of Dr. Robert Lee*, cannot have a place given to it until next week.

The letter of *Dr. Dick* on "The Treatment by Cold Water," designed to enable the public "to form a just judgment on the doctrines and practice of Preissnitz," shall be published in THE LANCET of Nov. 12.

A Young Student at Kinnerton-street, probably will not consider that his remarks need be inserted after the letter published last week.

A Twelve Years' Subscriber.—The first number of THE LANCET was published in October, 1823. The present is number ONE THOUSAND AND ONE of this Journal.

The following—*Mr. Horne's* alarm to "the friends" of the tincture of catechu; *Mr. Cornwall's* case of sore nipples in which it was successfully used; and the experience of "an accoucheur of thirty-five years' standing" (*Mr. Houlton*, with the necessary attention to his subsequent request), on their treatment by astringents, generally—next week. And, in the same number, *Dr. Watts'* remarks on coagulation of the blood, "with a consideration of some of Dr. Copland's opinions thereon."

The Apothecaries' Company have commenced proceedings at law against Mr. Richard Lloyd, of Dudley, for practising medicine as an unlicensed apothecary.

Mr. Ency's testimony to the success of the practice adopted in a case of stridulous convulsions, shall be published next week.

The Report of the Committee on Hospital Statistics has been received. What was the fancy for keeping it a week or a fortnight after it should have been sent to us?

The *Salopian Journal* of Nov. 2nd was received only just as we were going to press.

We have received *Mr. Thornton's* case of "deafness produced by enlargement of the tonsils, and successfully treated."—*Mr. Iliff's* notes on "protracted suckling," and *Dr. Hinxman's* mode of treating sore nipple successfully with tincture of catechu, next week.—The account of the modes of treatment adopted in asylums for the insane where the non-restraint system is in operation, in reply to questions asked in July last shall have an early insertion.

A Constant Reader.—Is the Mr. Joseph Nelson, of Ludgate-hill, who announces that he gives "medicine and advice at sixpence each application, being the lowest remunerating price at which he can supply the necessary medicines," a member of any College of Surgeons, or a licentiate of the Apothecaries' Company, or only an ignoramus who knows enough of *law* to keep clear of practising as *an apothecary*, and quacks accordingly?

Errata.—In the article taken from the lecture of Mr. Grainger, p. 170, line 26, for "Bär" read "Baër;" p. 171, lines 25, 37, 38, for "bronchiæ," and "bronchial," read "branchiæ," and "branchial;" line 47, for "tarsa" read "larva;" line 49, for "axoloth" read "axolotle." The extract in question was accidentally omitted to be read in proof.